

**University of Nebraska - Lincoln
Institutional Prior Approval to Spend (IPAS)**

Principal Investigator(s): _____

Department: _____
(Number and Name)

Granting Agency and, if known, Award Number: _____

Project Title: _____

NUgrant Proposal Number: _____

Complete the following items, if known:

CFDA Number: _____ F & A Rate: _____ Anticipated Award Amount: _____

Select one: _____ Federal _____ Federal Pass-Thru _____ No Federal Participation

In accordance with the Uniform Guidance (2 CFR Part 200) and the Federal Demonstration Partnership, costs incurred within 90 days of the effective date of an award may be charged to an award. Costs are at the risk of the department should the award not be made. A completed NUgrant routing form and current IOARF are required. All IRB / IACUC / IBC protocols for this project must be approved.

Department / Unit / College - **Cost Center** to be charged if the award is not made: _____

Provide copies of any correspondence documenting that an award will be made.

CERTIFICATION

"As Principal Investigator, I certify that this request is necessary for the successful completion of the project."

Principal Investigator _____
Date

"I have reviewed and approve this request."

Department Chairperson _____
(College Dean if PI is Chair) Date

Email this completed form, along with any attachments, for review and approval to the assigned Project Specialist in the **Office of Sponsored Programs.**

| | | | |
|--|---|--|--|
| FOR OSP USE ONLY: | | APPROVAL | |
| "I have reviewed this request and determined the request is in accord with institution and funding agency policy." | | | |
| _____ | | _____ | |
| Sponsored Programs | | Date | |
| WBS Number Assigned: _____ | | | |
| <input type="checkbox"/> NUgrant Routing Complete | <input type="checkbox"/> IRB / IACUC | <input type="checkbox"/> Biosafety / Recombinant DNA | |
| <input type="checkbox"/> IOARF Current | <input type="checkbox"/> Ionizing Radiation / Hazardous Materials | <input type="checkbox"/> Export Controls | |
| <input type="checkbox"/> PHS Training (NIH) | | | |