



**OFFICE OF SPONSORED PROGRAMS  
INSTITUTE PRIOR APPROVAL SYSTEM (IPAS)**

PI/Co-PI Name:	Sponsor:	F&A Rate:	Department/Program Name:
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**Advance Fund Number Request**

Proposal Number:	Start Date:	Award Amount:	Department Fund Number*:
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**Justification:**

**The following actions are applicable only to grants:**

**Pre Award Costs (AFOSR, ARO, AMRMC, DOC, DOE, EPA, NASA, NEH, NIH, NSF, ONR, USDA)**

Proposal Number:	Effective Date: (90 days prior to project start date)	Award Amount:
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**Justification:**

**No Cost Extension (AMRMC, DOC, DOE, NASA, NEH, NIH, NSF, USDA)**

Fund Number:	Agency Award Number:	New End Date:
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**Justification:**

\*The approval request(s) for an advance account and/or pre-award costs is consistent with the proposed project to the sponsor. By signing below, the Department/Program/Dean guarantees funding of all costs incurred in the event: (1) the proposal is not awarded, or (2) in the case of pre-award costs, when the anticipated start date changes and the conditions no longer apply.

PI/Co-PI Signature: _____	Department Head Signature: _____	Date: _____
Date: _____	Dean Signature: _____	Date: _____

**OSP Approval:**

Advance Fund Number \_\_\_\_\_

Pre Award Costs

No Cost Extension

OSP Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Research Accounting:**

Fund Creation Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fund \_\_\_\_\_ Orgn. \_\_\_\_\_ Prog. \_\_\_\_\_