RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
Office of the University Controller
Division of Grant and Contract Accounting

INSTITIUTIONAL PRIOR APPROVAL SYSTEM (IPAS) REQUEST FORM

Sponsor Grant Number (if known) _____ Org ID Number _____

RU Account Number (if known) _____ Principal Investigator _____

Check only one box on the left. Fill in requested information for the category checked and complete ALL of the bottom part.

☐ ***PREAWARD SPENDING***

Pre-award spending must be requested before work begins on the project. **It cannot exceed 90 days prior** to the actual start date.

Log Number _____ Requested Spending Start Date_____ Expected Agency Start Date_____

☐ ***HOLD ACCOUNT***

Requesting a hold account will enable a PI to begin spending money on an award that has been agreed to in principal but the official award from the agency has not yet been received, however, spending can only occur during the official award period.

Log Number _____

☐ ***CONTINUATION***

Use when an agency has granted a continuation, but the official notice indicating the continuation has not yet been received.

Log Number _____

NO COST EXTENSION (NCE)

☐ *a*) The account is under Federal expanded authority and you are requesting a NCE to be processed by the DGCA (Must be requested 30 days before the termination date of the award)

☐ *b*) The account is NOT under expanded authority and a NCE has been granted by the agency, however the official notice has not yet been received by Rutgers. (Attach copy of request for NCE)

Original Termination Date _____ Requested Termination Date _____

Please note that all of the above are at the department's risk. If the agency disallows your request the DGCA will charge all unallowable expenses to your backup account. For any of the above requests the information below must also be completed with a Letter of Intent, or equivalent documentation, from the sponsor attached to this form. The Letter of Intent is not required for NCE *a*.

Justification for request: _____

_____

_____

Back Up Account: _____ Back Up Account Signature_____
(can NOT be a 42-XXXX account)

Restrictions on Back Up Account (if any): _____

_____

NAME SIGNATURE DATE

Requestor: Project Director _____

Approval: Chair or Director_____