

IPAS Log #:

Date Rec'd:

Office of the Vice President for Research ♦ Sponsored Program Services

# IPAS

(Initiate Project Action & Signature)

**Please Complete this Section for All Requests:**

(A) Agreements    
  (B) Rebudgeting    
  (C) Carryover    
  (D) No-Cost Extension    
  (E) Miscellaneous Matters

InfoEd Record #:	<input type="text"/>	Fund #:	<input type="text"/>
Principal Investigator:	<input type="text"/>	Department/Center:	<input type="text"/>
Administrative Contact:	<input type="text"/>	Phone:	<input type="text"/>
Title of Project:	<input type="text"/>		
Funding Agency:	<input type="text"/>	Prime Sponsor:	<input type="text"/>
Grant / Contract #:	<input type="text"/>	Project Period Start:	<input type="text"/> End: <input type="text"/>

**Pre-Award: These requests must be made in the Award Management System (AMS) module at <https://ets.uhc.edu>.**

**(A) Agreements:**

Agreement Type:  Other:

Sponsor's Contact Name:  E-mail:  Phone:

Please attach supporting documentation, preferably as Word .doc files.

\*If this is an amendment or modification, please include the InfoEd record number for the original agreement and all preceding amendment(s)/ modification(s).

**(B) Rebudgeting:**

	From	Amount	To	Amount
<b>Check if applicable:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Change in Scope	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sponsor Approval Required	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>TOTAL</b>	<input type="text"/>	<b>TOTAL</b>	<input type="text"/>

Please provide:

- Scientific justification
- Explanation why funds are available
- Sponsor correspondence/approval (if applicable)

**(C) Carryover of Unobligated Balance:**

Please provide a draft letter (Word .doc) which includes:

- Reason for the unobligated balance
- Scientific justification for the use of funds
- Detailed budget for the proposed use of the carryover funds

[Empty box for draft letter]

**(D) No-Cost Extension:**

Current End Date:

Requested End Date:

1st NCE

Subsequent NCE \*

	Yes	No
Change in scope	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor approval required *	<input type="checkbox"/>	<input type="checkbox"/>
Effort reduction	<input type="checkbox"/>	<input type="checkbox"/>
Cost share requested	<input type="checkbox"/>	<input type="checkbox"/>

For all NCE requests, please provide:

- Scientific justification
- Estimate of unobligated balance
- Current IRB/IACUC/IBC/SCRO approvals
- Effort for all faculty (specify any reductions)

\* Please also include:

- Progress Report
- Detailed Budget
- Budget Justification

NOTE: A [Cost Share Request Form](#) is required if there are insufficient funds to support personnel during this NCE.

[Empty box for notes]

**(E) Miscellaneous Matters Requiring SPS Action:**

EXAMPLES: JIT, Prior Approval Request, Closeout, other items requiring SPS review and/or authorized signature.

Please specify the action and attach relevant documentation.

[Empty box for miscellaneous matters]

PI Signature: \_\_\_\_\_ (Required) \_\_\_\_\_ (Date)

Approval by Chair/Director: \_\_\_\_\_ (Required for all NCE requests) \_\_\_\_\_ (Date)

After completing this form and obtaining the required documentation and **signatures**, please e-mail it to: SPS@uchc.edu.

**SPS Notes**

[Empty box for SPS Notes]

IPAS Log #:

SPS Approval: \_\_\_\_\_

Date: \_\_\_\_\_