

**BOSTON UNIVERSITY**

**OFFICE OF SPONSORED PROGRAMS**

**Request for Approval under Institutional Prior Approval System (IPAS)**

**For Grants from**

**AFOSR, ARO, DOE, NASA, NIH, NSF, ONR**

Principal Investigator: \_\_\_\_\_ Unit/Dept. \_\_\_\_\_

Sponsor: \_\_\_\_\_ Grant No. \_\_\_\_\_ BU Source No. \_\_\_\_\_

Approval is requested for:

**Pre-Award Costs** (effective date requested) \_\_\_\_\_ (anticipated date of award) \_\_\_\_\_  
(School/Department is financially responsible for pre-award costs in the event an award is not received.)

Direct Costs \$ \_\_\_\_\_ Associated F&A Costs \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
(Attach budget for costs requested.)

**No-Cost Extension** (end date requested) \_\_\_\_\_  
(Explain the programmatic basis for the extension below.)

**Subcontracts** (Explain the need to subcontract below; attach a scope of work, budget and appropriate authorization from subcontractor institution. Indicate how funds will be rebudgeted to accommodate subcontract costs.)

\$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(object code) (object code)

\$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(object code) (object code)

**Other** \_\_\_\_\_

Explanation/Justification: In addition to the information requested above, please indicate how the proposed action relates specifically to the research supported by this grant.

Signatures and Approvals:

Principal Investigator	_____	Date	_____	Office of Sponsored Programs	_____	Date	_____
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Department Chairperson	_____	Date	_____	Office of Grant & Contract Accounting	_____	Date	_____
				(if applicable)			

Dean	_____	Date	_____
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