

**Princeton University**  
**ORPA Prior Approval Request Form (OPAR)**

Complete this form for all requests that require sponsor or University approvals. Please check the appropriate box, include a justification in the space provided, obtain the required signature(s), and email the **completed and signed** form to your ORPA Grant and Contract Administrator.

Sponsor Award Number: \_\_\_\_\_

PeopleSoft Award: \_\_\_\_\_ PI Name: \_\_\_\_\_

**NO-COST EXTENSION** (Enter justification below and attach a copy of Sponsored Project Summary)

Current End Date: \_\_\_\_\_ Requested New End Date: \_\_\_\_\_

Unexpended Balance: \_\_\_\_\_ PI Certifies this extension:

Is not merely for the purpose of using unobligated balances.

Does not involve any change in the scope of the project.

**ADD NEW PROJECT REQUEST** (Enter justification below)

Attach an Enhanced Award Budget Distribution Form. Please note that additional projects will only be created for the following reasons: 1) Fabricated Equipment; 2) Different F&A Rates on an Award; 3) Different PIs on an Award; 4) Different departments on an Award; 5) NSF REU Participant Support Costs; 6) Simons Foundation Investigator Awards (funds awarded for departmental use); 7) NIH supplements, if the terms of the supplement are different from the terms of the main award.

**REDISTRIBUTE FUNDS BETWEEN PROJECTS**

Attach a Sponsored Project Summary showing current available budget lines and an Enhanced Award Budget Distribution Form. Be sure to use the correct F&A and Fringe Benefit rates.

**90-DAY PRE-AWARD SPENDING** (Enter justification below)

Requested Pre-Award Date: \_\_\_\_\_

This option is only available for awards which have already been assigned an Award Number in PeopleSoft, and which allow for 90-day pre-award spending in accordance with the Research Terms and Conditions in the following document: [http://www.nsf.gov/bfa/dias/policy/fedrtc/priorapproval\\_oct08.pdf](http://www.nsf.gov/bfa/dias/policy/fedrtc/priorapproval_oct08.pdf). To request spending authorization for an award that has not yet been signed/accepted, check the box for Departmental Spending Authorization below and include the required documentation and signature(s).

**DEPARTMENTAL SPENDING AUTHORIZATION**

This option is used in situations when the PI wants authorization to spend outside of the authorized period of performance, either prior to the award being signed or received or after the current end date when a no-cost extension request is pending.

**SPENDING PRIOR TO AWARD ACTIVATION**

Check this box to request the creation of a new award and project when an award is anticipated but not yet received, signed, or accepted. The sponsor must allow for pre-award spending, and there must be a strong indication, in writing, from the sponsor that an award is forthcoming. Also, the signature of the appropriate chair and/or dean agreeing to accept responsibility for any costs that go unreimbursed is required in the space provided below.

## SPENDING AFTER THE CURRENT END DATE

Check this box to request authorization to continue spending on an award after its current end date when a no-cost extension request is pending with the sponsor. The signature of the appropriate chair and/or dean agreeing to accept responsibility for any costs that go unreimbursed in required in the space provided below.

Signature in this box only required for Departmental Spending Authorization Requests

\_\_\_\_\_  
Chair/Dean Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**By signing this form, I hereby agree that my department assumes all risk and responsibility for any costs that go unreimbursed in the event that an award is not issued or a no-cost extension request is not approved, as applicable. Any such costs will be covered by departmental funds using the chart string provided below.**

**Departmental Chart String:** \_\_\_\_\_

## ADMINISTRATIVE CHARGING REQUEST

Check this box to request prior approval for the direct charging of administrative or clerical salaries to an existing federally-funded award if these charges were not included and approved in the original proposal budget and justification. The signature of the Principal Investigator affirming that the charges meet all of the criteria mandated by the Uniform Guidance is required in the space provided below. A justification for the charges to be submitted to the sponsor as part of this request must also be included in the justification/explanation space provided at the end of the form.

Signature in this box only required for Administrative Charging Requests

\_\_\_\_\_  
PI Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**By signing this form, I hereby affirm that the requested administrative and/or clerical salary charges meet all following conditions:**

- 1. The administrative or clerical services are integral to a project or activity;**
- 2. the individuals involved can be specifically identified with the project or activity; and**
- 3. the costs are not also recovered as indirect costs.**

## SPECIAL OR UNUSUAL COSTS REQUEST

Check this box to request prior approval for the direct charging of "Special" or "Unusual" costs to an existing federally-funded award if these charges were not included and approved in the original proposal budget and justification. A justification for the charges to be submitted to the sponsor as part of this request must be included in the justification/explanation space provided at the end of the form.

**OTHER APPROVAL REQUEST** (Enter description of request and justification below)

Use this space to provide justification or explanation of any of the request types listed above:

I have reviewed the above request and found it to be necessary, reasonable, and allocable to the objectives of the sponsored project.

\_\_\_\_\_  
PI (or Designee) Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by (ORPA Signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date