

**Northeast Ohio Medical University**  
Institutional Prior Approval Form for Sponsored Programs

*Principal Investigators: please complete, sign, and return to  
Office of Research and Sponsored Programs along with supporting documentation*

Principal Investigator/Department: \_\_\_\_\_

Project Index Number (if applicable): \_\_\_\_\_

Sponsor: \_\_\_\_\_

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

Current Award Period: \_\_\_\_\_

**1 Approval is requested for:**

**No-Cost Extension (NSF requests must be submitted through FastLane - do not use this form) -**

new end date requested: \_\_\_\_\_ (request must be submitted 30 days prior to the end of award or in compliance with award notice, if different). Explain the programmatic basis for the extension in #3 below, or attach a separate sheet.

**Budget Revision** - Describe in #3 below or attach a sheet describing the budget revision request and provide adequate justification. Include detailed information on funds to be moved between categories. If a change affects cost-share or any personnel costs (including faculty release time), Dean/Chair signature is required.\*

**Request to Continue Expenditures Past Current Grant Period** – Allowable only when award documentation indicates additional funding/time period is forthcoming and continuation notice has not yet been received at expiration of current funding period. The home org - college/department - is financially responsible for incurred costs in the event continuation funding is not received. Index to be charged: \_\_\_\_\_. Dean/Chair signature is required.\*

**Advance Costs Index Request** – Allows for index to be established before agreement is finalized – spending is still within grant/project period. The home org - college/department - is financially responsible for incurred costs in the event an award is not received. Index to be charged: \_\_\_\_\_. Dean/Chair signature is required\* if this box is checked. (Provide explanation/ justification for request in #3 below and attach supporting documentation that grant is forthcoming).

**Pre-Award Costs (up to 90 days prior to start date)** – Effective date requested: \_\_\_\_\_  
Anticipated start date of award: \_\_\_\_\_ (college/department is financially responsible for pre-award costs in the event an award is not received) Dean/Chair signature is required\* if this box is checked. (Provide explanation/justification for request in #3 below).

**Reduction of time of key personnel** – Indicate the amount of time by which effort is to be reduced for any personnel named in the award document. Include an explanation in #3 below.

**2 Change in Project Scope**

Will the requested modifications result in a change of the project's scope?      Yes      No

If yes, include an explanation in the text box below.

**3 Explanation/Justification**

Please cite programmatic or administrative reason(s) for action(s) checked above. Attach additional pages, if necessary

**4 Required Approval Signatures**

Principal Investigator:	_____	_____
	Signature	Date
Director/Chair or equivalent (if required)	_____	_____
	Signature	Date
Sponsored Programs	_____	_____
	Signature	Date

ORSP use - Note agency requirement for request:

Send copy of completed and signed form to Grants Accounting along with pertinent supporting documentation.