

OPAS REQUEST FORM

Pre-Award Account

TO: Organization Prior Approval System
Office of Sponsored Programs

OSP Pending#: _____

AGENCY: _____

AGENCY CONTACT: _____

AGENCY PHONE NO: _____

FROM: _____

DEPT: _____

DEPT PHONE: _____

DATE: 4/2/2024

How much funding are you requesting and for what purpose?

Research Compliance: Prior to Pre-Award funding, project specific compliance protocols must be approved. Specify

Protocol number: Human Subjects _____ Bio-Medical Animals (IACUC) _____
Biosafety (IBC) _____ Agricultural Animals (AACUC) _____
Radioactivity (RSC) _____

Principal Investigator: _____
signature

IN THE UNLIKELY EVENT THAT THIS GRANT/CONTRACT IS NOT AWARDED, THE DEPARTMENT WILL BE RESPONSIBLE FOR ANY EXPENDITURES INCURRED ON THE PRE-AWARD, THE NUMBER(S) LISTED BELOW WILL BE USED TO COVER ANY CHARGES.

Responsible index number(s) _____

Please note: Agency correspondence confirming award should be attached, with tentative start date identified (Pre-award approval is limited to within 90 days of the start of the project).

Department Head: _____
signature

Action taken by Sponsored Programs

OSP Signature _____ Approved _____ Denied _____

REASON FOR DENIAL: _____