

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:
 Foreign
 IRB
 PHI
 IACUC
 SCRO
 IBC
 Export Controls
 FCOI

Contracting Party: Agreement Type:

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).

| | From | Amount | To | Amount |
|--|----------------------|----------------------|----------------------|----------------------|
| Check if applicable: | <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"/> |
| | TOTAL | <input type="text"/> | TOTAL | <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: _____