



INTERNAL PRIOR APPROVAL REQUEST (IPAR) – Revised March 2013

Submit form for approval to the Office of Research Administration

Principal Investigator: _____ Dept.: _____
 Phone: _____ Fax: _____ School: _____
 Agency Name: _____ Agency Grant # (if pending,
 proposal # will be assigned) _____
 Budget Start Date: _____ Budget End Date: _____ UM Master Account # (if pending, insert N/A)

Project Title: _____

I. APPROVAL IS REQUESTED FOR THE FOLLOWING ACTION(S):

<input type="checkbox"/> PreAward Costs up to 90 days for federal awards issued under the terms of the Federal Demonstration Partnership (FDP) or Expanded Authority only. Enter pre-award date requested here _____ and complete sections III and IV.
<input type="checkbox"/> End Date Extension with no new funding from sponsored agency. Extension cannot exceed 12 months and not more than one extension can be granted without prior written, agency approval. Must be requested 30 days before original end date of Project. Justifications for end date extensions must be based on scientific reasons, not on explanations that are based on the use of funds remaining at end of project. Enter new end date for award here and _____ complete sections III and IV.
<input type="checkbox"/> Equipment Acquisition not included in original budget. Complete Sections II, III and IV.
<input type="checkbox"/> Rebudgeting. Complete Sections II, III and IV.
<input type="checkbox"/> Other Category of Request. Specify as part of Section III below, complete section IV and also section II (if pertinent).

II. ACTION INDICATED ABOVE

REBUDGETING NOTE: Rebudgeting applies to Federal grants awarded under the Federal Demonstration Partnership (FDP) or Expanded Authorities. Non FDP federal grants & other awarding agencies may have stricter requirements. Please consult with the Office of Research Administration for rebudgeting of non-FDP awards to determine if UM is authorized to rebudget, or if prior written, agency approval is required.

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Increase Budget:			Decrease Budget:		
Object Code	Description	Amount	Object Code	Description	Amount
		\$ _____			\$ _____
		\$ _____			\$ _____
		\$ _____			\$ _____
8101	F&A (Indirect) Cost	\$ _____	8101	F&A (Indirect) Cost	\$ _____
		TOTAL \$ _____			TOTAL \$ _____

III. EXPLANATION/JUSTIFICATION REQUIRED. Please document below why action requested is necessary and how it specifically relates to and benefits the project. Check here if additional pages are attached.

The above request _____ change the scope/objectives of the grant or project. (If the scope or objectives of the project change, regulations require agency notification). The requested changes are required to carry out the objectives/scope of the project.

Principal Investigator's Signature _____ Date _____

IV. REVIEW AND APPROVAL. (REQUIRED)

A. I have examined this request for its scientific, technical, and/or administrative merits and recommend approval

Signature Chairperson/Academic Dean _____ Date _____

B. This request has been reviewed for consistency with grant/contracts terms and conditions, and is approved.

Signature Office of Research Administration _____ Date _____

Note: Notification will be made to the Principal Investigator as to the status of this request.