

**Internal Prior Approval Form**

**Sponsored Programs and Research Services**

Request approval relating to a Sponsored Project.

|                                    |                              |
|------------------------------------|------------------------------|
| Date of Request: _____             | Project ID (if known): _____ |
| Principal Investigator (PI): _____ | Sponsor Name: _____          |
| Department/College: _____          | Sponsor Number: _____        |
| Project Title: _____               |                              |

**Check All Applicable Requests:**

|   |   |
|---|---|
| <p><b>Advance Account Request</b> <span style="float: right; font-size: small;">Complete Increase (TO)<br/>Budget Below</span></p> <p>Advance Start Date: _____</p> <p>Advance End Date: _____</p> <p><i>Hard-dollar operating budget acct:</i> _____</p> | <p><b>No-Cost Extension (NCE) Request</b> <span style="float: right; font-size: small;">Complete Increase (TO)<br/>Budget Below, if applicable</span></p> <p>Current End Date: _____</p> <p>Requested End Date: _____</p> <p><b>New Salary Line</b></p> |
|---|---|

| Rebudget Request                    |              |                 |                |
|-------------------------------------|--------------|-----------------|----------------|
| Category                            | Account Code | DECREASE (FROM) | INCREASE (TO)  |
|                                     |              |                 |                |
|                                     |              | Total Decrease  | Total Increase |
| Increases must equal Decreases.     |              |                 |                |
| Attach separate sheet if necessary. |              |                 |                |

|  |                                     |
|--|-------------------------------------|
| <b>Justification (Required for All Requests)</b> | Attach separate sheet if necessary. |
|  |                                     |

**By signing below, the following is acknowledged:**

1. **Advance Accounts** - The Department and/or College assumes full responsibility for accumulated expenses should the external funding not be received. The Office of Post Award Accounting will journal any unallowable charges to the hard-dollar operating budget account indicated above upon close-out of an Advance Account. Submission of an Advance Account IPAF is not a guarantee that the request can be processed. Signatures # 1 - 4 are required.
2. **No-Cost Extension (NCE) Request** - For Federal projects, SPRS may be able to process an "automatic" no-cost extension. Non-Federal projects, as well as 2nd NCE requests on Federal projects, will likely require prior sponsor approval. Upon receipt of an IPAF, SPRS will review the terms of the grant and coordinate this process. Submission of an NCE IPAF is not a guarantee that the request can be processed. Only signature #1 is required.
3. **Rebudget Request** - Upon receipt of an IPAF, SPRS will review the request and the terms of the grant to determine whether or not prior sponsor approval is required. If sponsor approval is required, SPRS will coordinate this process. Submission of a Rebudget IPAF is not a guarantee that the request can be processed. Under no circumstances should spending changes occur before a revised NOA is issued.  
**Signatures #1 - 4 are required if the rebudget changes the PI/Project Director's salary during the 9 month academic year.**  
**Signature 1 is required for all other rebudget requests. Signature 1 and 5 required when form includes university \$\$ commitment.**
4. Faculty in the College of Arts & Sciences, Urban & Education, or School of Nursing should send the form to Nicole Milligan at [n.m.taylor79@csuohio.edu](mailto:n.m.taylor79@csuohio.edu);  
Faculty/staff in the College of Business, Engineering, or Central Offices should send the form to Nicole Moss at [n.f.moss@csuohio.edu](mailto:n.f.moss@csuohio.edu).

**\*\*Receipt of a Notice of Award (NOA) will be your indication that the requested action has been processed.\*\***

**Required Approvals**

|                                      | Typed Name | Signature | Date  |
|--------------------------------------|------------|-----------|-------|
| 1 Principal Investigator (PI): _____ |            | _____     | _____ |
| 2 Dept Chair/Director: _____         |            | _____     | _____ |
| 3 College Fiscal Officer: _____      |            | _____     | _____ |
| 4 College Dean: _____                |            | _____     | _____ |
| 5 Director, SPRS _____               |            | _____     | _____ |