

**Washington University School of Medicine  
GG&C/RO Prior Approval Request**

Date \_\_\_\_\_ Dept. # \_\_\_\_\_ Fund # \_\_\_\_\_  
 P.I. \_\_\_\_\_ Dept. Name \_\_\_\_\_  
 Sponsoring Agency \_\_\_\_\_ Agency Number \_\_\_\_\_  
 Original Sponsor (if a subcontract to WUSM) \_\_\_\_\_  
 Direct \$ \_\_\_\_\_ Anticipated Budget Period \_\_\_\_\_ - \_\_\_\_\_  
 Project Title or Grants Budgeting Doc. # \_\_\_\_\_

1. \_\_\_\_\_ **PRE-AWARD COSTS\*** Pre-award Start Date \_\_\_\_\_  
 Up to 90 days before begins at grantee risk.

2. \_\_\_\_\_ **ADVANCE EXPENDITURE\***  
 - Award notice not received or not expected to be received by anticipated start date.  
 - Agency approval is pending.

Agency Contact Person \_\_\_\_\_ Agency Phone Number \_\_\_\_\_

*This approval for is good for a maximum of 90 days after internal approval signatures are obtained.  
 If agency approval is not received within 90 days, this form may be renewed for a second 90 days.*

\*Complete Guarantee Account number for requests 1. & 2. Above (LC-DEPT-FUND) \_\_\_\_\_  
 If the project is not funded or the agency request is denied, this departmentally approved account will be  
 Charged for any expenditures.

3. \_\_\_\_\_ **ADMIN/CLERICAL SALARIES, OFFICE SUPPLIES, POSTAGE, LOCAL TELEPHONE, MEMBERSHIPS**  
 Costs normally considered F/A and not requested in the federal budget submission.  
 Explain unlike circumstances below – for admin/clerical provide name, % effort and role on the project.

**DESCRIBE AND JUSTIFY** why this action is necessary to achieve project objectives (attach additional sheets if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACTION APPROVED BY:** (first 90 days) (second 90 days)

Principle Investigator \_\_\_\_\_ Date \_\_\_\_\_ Initialed \_\_\_\_\_ Date \_\_\_\_\_  
 Department Chair \_\_\_\_\_ Date \_\_\_\_\_ Initialed \_\_\_\_\_ Date \_\_\_\_\_

Central Office Area Use

\_\_\_\_ Verified \_\_\_\_ Cumulative \_\_\_\_ Grant \_\_\_\_ Fixed Price \_\_\_\_ Cost-Reimb \_\_\_\_ Adv. Pay \_\_\_\_ Gov't Prime

REMARKS: \_\_\_\_\_

GG&C/RO \_\_\_\_\_ Date \_\_\_\_\_ Initialed \_\_\_\_\_ Date \_\_\_\_\_

Original to SPA \_\_\_\_\_ Copy to Dept. \_\_\_\_\_ RO \_\_\_\_\_

If received from RO, GG&C sends a copy back to RO with the fund number.

# PRIOR APPROVAL REQUIREMENTS

Use this form when the University can approve an expenditure or action under a sponsored project.

The National Science Foundation (NSF) and the Public Health Service (PHS) have delegated to grantee organizations the authority to approve certain administrative actions. These agencies require a grantee to assure that there are adequate institutional review and approvals of decisions affecting the management of federally supported projects. Washington University has also elected to apply this approval mechanism to advance expenditures for agencies other than PHS or NSF. The Washington University Organizational Prior Approval System (OPAS) includes the following reviews of a proposed action:

**Principal Investigator:** Justifies why action is necessary to achieve the project objectives supported by the grant.

**Department Chairperson:** Reviews for scientific propriety and assures that action represents effective utilization of institutional resources (review by Dean/Provost if PI/PD is Chairperson).

**Research Office or Gifts, Grants & Contracts Office (Medical School):** Reviews action so that it is consistent with grant terms and conditions, allowability of costs and grantee policies and checks availability of funds.

The table below shows the most frequent types of actions that can be granted prior approval by the University OPAS and types that require prior approval by the agency. If neither is required (---), supply a justification on the P.O., T.A., B.A., etc. For items not listed, please contact Sponsored Projects Accounting Office (Hilltop) or Gifts, Grants & Contracts Office (Medical School).

PRIOR APPROVAL REQUIREMENTS				
TYPE OF ACTIVITY OR EXPENDITURE	Prior Approval Required By:			
	Other Agencies	NSF	PHS	PHS Exp. Auth. 10/88
Administrative/Clerical Salaries as Direct Costs	*	<b>OPAS</b>	<b>OPAS</b>	<b>OPAS</b>
Alteration – Renovation				
a. <\$10,000	*	<b>OPAS</b>	---	---
b. >\$10,000	*	NSF	---	---
c. >\$50,000	*	NSF	PHS	PHS
Carryover of Unobligated Funds from One Budget Period to Another	*	---	PHS	---
Change in Principal Investigator or Level of Effort For PHS, applicable if the change is greater than 25% of the committed level of effort; e.g., if committed level of effort is 40%, a change of 10% or greater would require prior approval (40% x .25 = 10%).	*	NSF	PHS	PHS
Change in Scope or Objective	*	NSF	PHS	PHS
Commercial Publication/Distribution of Grant Material over \$25,000	*	---	PHS	PHS
Contractual (Third-party) Costs – Authority to Incur	*	NSF	PHS	PHS
Equipment > \$25,000	*	---	PHS	---
No-Cost Extension    Template letter is used in place of this form to obtain internal approval and notify agency.	*	<b>OPAS</b> (1 year)	PHS	<b>OPAS</b> (1 year)
Patient Care Costs    (considered a change of scope)				
a. authority to incur under grant	*	---	PHS	PHS
b. expenditures additional to those approved by agency	*	---	---	---
c. decrease in approved budget	*	---	PHS	PHS
Pre-Award Costs				
a. < 90 days preceding effective date of award	*	<b>OPAS</b>	<b>OPAS</b>	<b>OPAS</b>
b. > 90 days preceding effective date of award	*	NSF	PHS	PHS

\*Consult the specific agency guide

January 1998

