

University Prior Approval System (UPAS)
for FEDERAL GRANTS only (see reverse side for eligible actions)

PRINCIPAL INVESTIGATOR	SPONSOR (also indicate prime institution if subcontract)	TODAY'S DATE
FULL SPONSOR GRANT NUMBER	CURRENT BUDGET YEAR DATES: Start _____ End _____	FULL HARVARD ACCOUNT NUMBER Tub _____ Org _____ Fund _____ Activity _____ Sub Activity _____ Root _____

TYPE OF APPROVAL

<input type="checkbox"/> PRE- AWARD EXPENDITURES- CREATE NEW ACCOUNT pre-award period _____ direct cost amount to be spent \$ _____ associated indirect cost amount \$ _____	<input type="checkbox"/> NO- COST EXTENSION Proposed new end date _____ approximate balance remaining _____ <i>Explain reason for availability of funds below.</i>
<input type="checkbox"/> EQUIPMENT (Not required for change of model or vendor or price change of 25% or less on previously approved items.) Equipment to be purchased _____ Purchase Price \$ _____ Vendor _____	<input type="checkbox"/> TRAVEL <input type="checkbox"/> Foreign Name of traveler (s) _____ Destination _____ Dates of trip _____ Estimated cost of travel _____
<input type="checkbox"/> SUBCONTRACT Indicate the scope of work below; attach a budget and appropriated documentation from subcontracting institution	<input checked="" type="checkbox"/> OTHER <i>Describe below.</i>

PROGRAM/SCIENTIFIC EXPLANATION

Complete this section for all UPAS actions. In addition to any information requested above, please state how the proposed action relates specifically to the research supported by this grant. Attach appropriate supporting documentation.

BUDGET REVISION

Yes No

If the proposed action requires the transfer of funds between object codes, indicate transfer categories, with object codes in parentheses. If no all categories bear F&A (indirect) cost, also indicate any indirect cost amounts to be transferred.

\$ _____ from _____	(object _____)	(object _____)
\$ _____ from _____	(object _____)	(object _____)
\$ _____ from _____	(object _____)	(object _____)

CERTIFICATIONS AND APPROVALS

Principal Investigator/ Project Director	Date	Dean/ Designee	Date
Department Chair/ Designee †	Date	Office for Sponsored Research	Date

† This signature commits department to take financial responsibility for the proposed action