



# UC San Diego Policy & Procedure Manual

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## CONTRACTS AND GRANTS (RESEARCH)

### Section: 150-65 EXHIBIT A

Effective: 06/25/1984

Supersedes: 06/20/1982

Review Date: TBD

Issuance Date: 06/25/1984

Issuing Office: [Office of Contract and Grant Administration](#)

### EXHIBIT A

#### UNIVERSITY OF CALIFORNIA, SAN DIEGO REQUEST FOR APPROVAL UNDER ORGANIZATIONAL PRIOR APPROVAL SYSTEM (OPAS) (Reference: See UCSD Policy and Procedure Manual [150-65](#) for instructions)

- Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_
- Agency Award No.: \_\_\_\_\_ UCSD Account & Fund No.: \_\_\_\_\_
- Budget Period Affected (dates): \_\_\_\_\_ to \_\_\_\_\_
- Approval is requested fir the following action(s):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Domestic Travel | <input type="checkbox"/> Equipment Acquisition<br>(specify each item of<br>equipment in No. 6 below) | <input type="checkbox"/> Subcontracting<br>Project Effort |
| <input type="checkbox"/> Foreign Travel  | <input type="checkbox"/> No-Cost Time Extension  | <input type="checkbox"/> Other Specify<br>in No. 6 below) |

Please Note: Request for incurring pre-award costs should be processed on the *Advance Approval to Establish Accounts and Incur Expenses* form.

_____	_____	_____
Principal Investigator	Grant No.	Account and Fund No.

_____	_____	_____
Principal Investigator	Grant No.	Account and Fund No.

- Approval will  will not  require rebudgeting. (If rebudegting is required, indicate amounts and budget categories which will be affected and attached Budget Adjustment Journal).

\$ _____ from _____	_____	_____
	to (Budget Category/Subcategory)	(Budget Category /Sub Acct.)

\$ _____ from _____	_____	_____
	to (Budget Category/Subcategory)	(Budget Category /Sub Acct.)

**University of California San Diego Policy – PPM 150 – 65 Exhibit A**  
**PPM 150 – 65 Request for Approval Procedures Under Organizational/Institutional Prior Approval System (OPAS/IPAS)**

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\$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (Budget Category /Sub Acct.)  
(Budget Category/Subcategory)

6. Explanation/Justification:

7. Certifications and Approvals:

This request is consistent with the scope and objectives of the project as approved by the sponsoring agency.

\_\_\_\_\_  
Principal Investigator / Date

The scientific and technical propriety of this request had been reviewed and approved. The action requested will result in the effective utilization of institutional resources.

\_\_\_\_\_  
Department Chair or ORU Director / MSO Initials / Date

This request has been reviewed for consistency with sponsoring agency and University policies and approved.

\_\_\_\_\_  
ONR Resident Representative / Date

\_\_\_\_\_  
Contract and Grant Officer / Date

Copies to:

WHITE – OCGA

GREEN – Principal Investigator

CANARY – Accounting Office

PINK – Management Services Officer

GOLDENROD – Purchasing (for equipment purchases and Subcontracts costs only)