REQUEST FOR APPROVAL PROCEDURES UNDER  
ORGANIZATIONAL/INSTITUTIONAL PRIOR APPROVAL SYSTEM (OPAS/IPAS)  

I. RELATED POLICIES  

UCSD Policy and Procedure Manual (PPM)  

150-60  Institutional Prior Approval System Requirements for Public Health Service (PHS) Research Grants  
150-61  Organizational Prior Approval System Requirements for National Science Foundation (NSF) Research Grants  
380-4  Budget Adjustment Journal Preparation  
380-5  Budget Adjustments to Extramural Funds (Federal, State, Local Government, and Private Contracts, Grants and Donations)  
522-2  Equipment Screening  
523-10.1  Independent Consultants  

II. INTRODUCTION  

The purpose of this policy is to outline the procedure to be followed in completing the Request for Approval Under Organizational/Institutional Prior Approval Systems (OPAS/IPAS), Form FO 2070. This form is to be used for rebudgeting and other OPAS/IPAS actions for NSF and PHS funds. Requests for use of funds in advance of receipt of the award should be processed on the Advance Approval to Establish Accounts and Incur Expenses.  

III. POLICY  

In accordance with NSF and PHS policies, this form implements UCSD requirements for an Organizational/Institutional Prior Approval System. Individual agency policies and procedures are detailed in PPM 150-60 and 150-61, as noted under Section I., Related Policies.  

The Request for Approval Under Organizational/Institutional Prior Approval System (OPAS/IPAS) form is not required when requesting advance approval under the Biomedical Research Support Grants. All requests are to be forwarded to the appropriate Dean's Office for review and approval.  

IV. PROCEDURES  

A. The Request for Approval Under Organizational/Institutional Prior Approval System Form (OPAS/IPAS)
The following is a listing of the items that appear on the form. Instructions for completing each section are provided, and it is the department's responsibility to complete and route the form as indicated. (See Exhibit A)

1. Indicate the name and department of the Principal Investigator. It is not necessary to list Co-Principal Investigators.

2. Indicate the PHS or NSF Grant Number, or Contract number exactly as set forth on the award document. Also indicate the UCSD account and fund number.

3. Indicate the beginning and ending dates of the budget period affected. In the case of PHS grants indicate the dates of the current budget year and the project period termination date. In the case of NSF grants include the flexibility period.

4. Identify the actions requiring approval by checking the appropriate box(es).

5. The dollar amount for each transaction must be specified as well as the applicable budget categories and sub-accounts. For example: $1,500 from personnel/sub 2 to equipment/sub 4. Attach Budget Adjustment Journal, UFIN 1521, Equipment Screening Certification form and any other required documents.

6. The Principal Investigator is responsible for providing a brief but comprehensive explanation/justification describing the scientific, technical or administrative reason(s) for all requests. As a minimum, the justification must address the following:

   a. A brief description of the proposed action;
   
   b. Scientific, technical or administrative reasons for the action (include a statement as to the scientific benefit which will accrue to the project as a result of the request);
   
   c. Explanation of why the funds are available (specify budget categories, including indirect costs, if applicable);
   
   d. For requests concerning travel or the purchase of equipment the following specific areas must be addressed:

      1. Travel

         a. Itemization of costs, i.e., air fare, per diem, registration fee, etc.;
         
         b. Purpose, date, and place of travel;
         
         c. Relationship to research;
d. Indicate the relationship of the traveler(s) to the research project.

2. Equipment

a. Description of the equipment. If more than one item requested, itemize the description and cost for each;
b. Reason(s) for the request;
c. How the proposed purchase impacts the continuous operation of the project as outlined in the original proposal;
d. The effect of rebudgeting of funds between categories of the approved budget has on the scope or work or objective of the project;
e. Requests for purchase of equipment over $1,000 must include a completed copy of the Equipment Screening Certificate.

7. Date and Signature

a. Requires date and signature of the Principal Investigator certifying that the proposed changes are consistent with the scope and objectives of the project, as approved by the sponsoring agency.
b. Requires date and signature of the Department/Division Chair certifying the scientific and technical propriety, project relevance, and effective utilization of Institutional resources. Also requires the initials of the Management Services Officer (MSO) by those of the Department Chair, certifying the completeness and correctness of the OPAS/IPAS Request.
c. Requires date and signature of the Contract and Grant Officer, OCGA, certifying the requested adjustment is in accordance with University and Federal Regulations.

B. Distribution and Routing

1. Principal Investigator, via the MSO, forwards the completed OPAS/IPAS Request, Budget Adjustment Journal (PPM 380-4) (and Purchase Order Requisition, if the OPAS/IPAS Request concerns the acquisition of Equipment) to the Department/Division Chair.

2. Department/Division Chair signs OPAS/IPAS Request and, if acceptable, forwards the entire package to the Contract and Grant Officer, OCGA.
3. Contract and Grant Officer distributes approved OPAS/IPAS Requests, Budget Adjustment Journals and Purchase Order Requisitions to appropriate offices.

4. Supervisor, Extramural Funds Accounting, implements the OPAS/IPAS Request and processes the Budget Adjustment Journal for completion of rebudgeting action.
**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)

1. Principal Investigator: ___________________ Department: ___________________
2. Agency Award No.: ___________________ UCSD Account & Fund No.: _____________
3. Budget Period Affected (dates): ___________________ to ___________________
4. Approval is requested for the following action(s):
   - ___ Domestic Travel
   - ___ Equipment Acquisition (specify each item of equipment in No. 6 below)
   - ___ Subcontracting Project Effort
   - ___ Foreign Travel
   - ___ No-Cost Time Extension
   - ___ Other Specify (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. ___________________

5. Approval will ___ will not ___ require rebudgeting. (If rebudgeting 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.)

   $________________ from __________________ to __________________
   (Budget Category/Subcategory) (Budget Category/Sub Acct.)

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)