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.

___________________________  ______________________   _______________________
Grant No.  ________________________  ________________________
Account and Fund No.

___________________________  ______________________   _______________________
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/Sub Acct.)

   $_____________________ from _________________________ to _________________________
   (Budget Category/Subcategory)
$________________ 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)