Kent State University Dynamic Forms

How to Initiate an Institutional Prior Approval Form (IPAF)

A. **Initiating form on behalf of a PI (Page 2 below)**
B. **Initiating form as the PI (Page 8 below)**

1. **Initiate an Institutional Prior Approval Form using the link provided at:**
   https://www.kent.edu/research/sponsored-programs/awards-management

Award Documents and Forms

Form	Description
Proposal and Award Workflow (PDF)	Document that provides an overview of proposal submission and award management workflows at Kent State University for Sponsored Programs, Foundation Relations, and Corporate Relations.
Cost Transfer Guidance (PDF)	Reference document to ensure cost transfers on sponsored projects are requested in a timely manner, adequately documented, sufficiently reviewed and approved, and in compliance with federal, agency, and university regulations.
Fixed Price Award Procedures (PDF)	This document explains special guidelines that pertain to the financial management and close out of Fixed Price Agreements.
Fly America Act Exception Form (PDF)	Form to request that international airfare *on a non-US flag air carrier* be charged to a federally sponsored program.
Institutional Prior Approval Form	Form to request changes to an award such as no-cost extension, budget revisions, personnel time. Clicking the link on the left will initiate a request in Dynamic Forms. **Click here** for instructions.
Other Grants Accounting Forms	Link to the Grants Accounting site where other forms and workflows needed for Sponsored Projects may be located (e.g. Cost Transfer Request, Salary Distribution Revision)

2. **Fill in the name and e-mail information for the Principal Investigator (PI) and their Director/Chair, then click Continue to access the form.**

Instructions

To begin this form, fill in the Principal Investigator's name and email address along with their Director/Chair's name and email address. Click Continue. Then complete the required form fields.

NOTE: If you are the Principal Investigator initiating this form, you will need to fill in your name and email address. Click Continue. Then complete the required form fields. You will then receive an email to complete the Principal Investigator portion of the form.

Form Participants

Principal Investigator

First Name	Last Name	Email

Director/Chair

First Name	Last Name	Email

Continue

A. Support Staff (non-PI) Filling out the IPAF:

3. **Indicate that the form is being initiated by someone other than the PI and complete the required proposal information (items with red *):**

UNIVERSITY

Form Is Being Initiated by:
* -- Please Select --

Principal Investigator Name *	Department *	Project Index Number *(or Kuali # if no index yet)* *

Sponsor *	Sponsor Award Number, if any	Current Award Period *

4. **Section 1: indicate that you will complete sections 1 and 2 on behalf of the PI. If you want the PI to complete these details, indicate PI and then submit the form to send it to them. They can refer to section B Step 4 below.**

1. APPROVAL IS REQUESTED FOR:

To be completed by:
* Initiator (Me)

5. Next, indicate what you are seeking approval for, and then (b) provide any relevant information in the text box provided.

1. APPROVAL IS REQUESTED FOR:

To be completed by:
* Initiator (Me) ▾

☐ **No-Cost Extension** <mark>(NSF REQUESTS MUST BE SUBMITTED THROUGH RESEARCH.GOV - DO NOT USE THIS FORM)</mark>

Request must be submitted 30 days prior to end of award or in compliance with award notice, if different. Explain the programmatic basis for the extension in #2 below or attach a separate sheet.

☐ **Budget Revision** – Describe in #2 below or attach a sheet describing the budget revision request and providing adequate justification. Include detailed information on funds to be moved between categories.

☐ **Request to Continue Expenditures Past Current Grant Period** – Allowable only for 60 days past current end date, and only when award documentation indicates additional funding/time period is forthcoming and continuation notice has not yet been received at expiration of current funding period. The home org - school/department/campus - is financially responsible for incurred costs in the event continuation funding is not received.

☐ **Advance Costs Fund Request** – Allows for fund to be established before agreement is finalized. Spending is still within grant/ project period. The home org - school/department/campus - is financially responsible for incurred costs in the event an award is not received. Provide explanation/ justification for request in #2 below and attach supporting documentation that grant is forthcoming.

☐ **Pre-Award Costs (up to 90 days prior to start date)**

School/Department is financially responsible for pre-award costs in the event an award is not received. Provide explanation/ justification for request in #2 below.

☐ **Reduction of time of key personnel** – Indicate the amount of time by which effort is to be reduced for any personnel named in the award document. Include an explanation in #2 below.

a

Include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for action(s) checked above. Attach additional pages, if necessary.

*

b

Include an explanation in the text box below. (PI Comments)
Please cite programmatic or administrative reason(s) for action(s) checked above. Attach additional pages, if necessary.

If an explanation is already provided by the form Initiator write '**See Above**'

*

Sponsored Programs: Amending Part 1
○ Add Clarification
○ No Change

6. **Note: A second explanation box to be completed by the PI is provided (PI Comments). The initiator will not be able to edit that field.**

Include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for action(s) checked above. Attach additional pages, if necessary.

Include an explanation in the text box below. (PI Comments)
Please cite programmatic or administrative reason(s) for action(s) checked above. Attach additional pages, if necessary.

If an explanation is already provided by the form Initiator write 'See Above'

7. **Section 2: Indicate whether there will be a change in project scope. If you select yes, a text box will appear to provide an explanation.**

2. EXPLANATION/JUSTIFICATION

Will the requested modifications result in a change of the project's scope?   * ⦿ Yes
○ No

If yes, include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for the change in scopre. Attach additional pages using the file upload below, if necessary.

This text box appears and needs completed if YES is indicated

Sponsored Programs: Amending Part 2
○ Add Clarification
○ No Change

Initiator File Upload	**Principal Investigator File Upload**	**Director/Chair File Upload**	**Sponsored Programs File Upload**
✎ Attach File	✎ Attach File	✎ Attach File	✎ Attach File

Initiator .xlsx File Upload	**Principal Investigator .xlsx File Upload**	**Director/Chair .xlsx File Upload**	**Sponsored Programs .xlsx File Upload**
✎ Attach File	✎ Attach File	✎ Attach File	✎ Attach File

8. **Attach Documentation: Attach any documentation related to Parts 1 or 2. It will be labelled Principal Investigator or Initiator File upload depending on your prior selections. Excel files should be added to the excel upload to preserve that file format.**

2. EXPLANATION/JUSTIFICATION

Will the requested modifications result in a change of the project's scope?   * ● Yes
                                                                                  ○ No

If yes, include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for the change in scopre. Attach additional pages using the file upload below, if necessary.

*This text box appears and needs completed if YES is indicated

Sponsored Programs: Amending Part 2
  ○ Add Clarification
  ○ No Change

Initiator File Upload	**Principal Investigator File Upload**	**Director/Chair File Upload**	**Sponsored Programs File Upload**
✎ Attach File	✎ Attach File	✎ Attach File	✎ Attach File
Initiator .xlsx File Upload	**Principal Investigator .xlsx File Upload**	**Director/Chair .xlsx File Upload**	**Sponsored Programs .xlsx File Upload**
✎ Attach File	✎ Attach File	✎ Attach File	✎ Attach File

9. **You can now submit the form to send the document to the PI to complete and Sign.**

   PI Steps for form Completed by support staff:

10. **The PI can enter the form using the link provided by the e-mail sent to them.**

11. **The PI can elaborate on the explanation for IPAF as needed or simply enter 'See Above'.**

Include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for action(s) checked above. Attach additional pages, if necessary.

Include an explanation in the text box below. (PI Comments)
Please cite programmatic or administrative reason(s) for action(s) checked above. Attach additional pages, if necessary.

If an explanation is already provided by the form Initiator write '**See Above**'

12. **PI Can also attach their own files as need using: Principal Investigator File Upload.**

13. **Section 3: PI should indicate whether they are also the responsible Chair/Director, then (click to sign).**

3. REQUIRED APPROVAL SIGNATURES

Is the PI also the Chair/Director? * ○ Yes
                                     ○ No

(click to sign)

Principal Investigator Signature   Date

Director/Chair or equivalent Signature   Date

Sponsored Programs Signature   Date

14. **'Signing' Will produce a pop-up window for you to generate your electronic signature. Enter in your First and Last name in their respective fields and click [Sign Electronically]:**

15. **Once all actionable required fields are completed you may [Submit Form] at the bottom of the screen. Incomplete required fields will show up with the error indicated below:**

If yes, include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for the change in scopre. Attach additional pages using the file upload below, if necessary.

This field is required.   Error

Sponsored Programs: Amending Part 2
○ Add Clarification
○ No Change

Principal Investigator File Upload   Director/Chair File Upload   Sponsored Programs File Upload
[Attach File]   [Attach File]   [Attach File]

3. REQUIRED APPROVAL SIGNATURES

Cody Polack   Is the PI also the Chair/Director? * ○ Yes
_____   06/08/2023, 10:23 AM   ● No
Principal Investigator Signature   Date

_____   _____
Director/Chair or equivalent   Date
Signature

_____   _____
Sponsored Programs Signature   Date

Sponsored Programs use - Note agency requirement for request:*   _____   Send Form
Send copy of completed DocuSign form to assigned Grants Accountant along with pertinent supporting documentation and updated spending plan Rev. November 2018

[Save Progress]   [Submit Form]

16. **Once submitted by the PI the Chair will receive the form to sign and submit, unless the PI is already the Chair. Then the form will pass to Sponsored Programs to finalize.**

B. PI Initiating IPAF.

1. **Initiate IPAF form:**

Award Documents and Forms

Form	Description
Proposal and Award Workflow (PDF)	Document that provides an overview of proposal submission and award management workflows at Kent State University for Sponsored Programs, Foundation Relations, and Corporate Relations.
Cost Transfer Guidance (PDF)	Reference document to ensure cost transfers on sponsored projects are requested in a timely manner, adequately documented, sufficiently reviewed and approved, and in compliance with federal, agency, and university regulations.
Fixed Price Award Procedures (PDF)	This document explains special guidelines that pertain to the financial management and close out of Fixed Price Agreements.
Fly America Act Exception Form (PDF)	Form to request that international airfare *on a non-US flag air carrier* be charged to a federally sponsored program.
Institutional Prior Approval Form	Form to request changes to an award such as no-cost extension, budget revisions, personnel time. Clicking the link on the left will initiate a request in Dynamic Forms. **Click here** for instructions.
Other Grants Accounting Forms	Link to the Grants Accounting site where other forms and workflows needed for Sponsored Projects may be located (e.g. Cost Transfer Request, Salary Distribution Revision)

2. **Enter your name and email along with the name and e-mail of your Department Chair and then submit to start the form.**

Instructions

To begin this form, fill in the Principal Investigator's name and email address along with their Director/Chair's name and email address. Click Continue. Then complete the required form fields.

NOTE: If you are the Principal Investigator initiating this form, you will need to fill in your name and email address. Click Continue. Then complete the required form fields. You will then receive an email to complete the Principal Investigator portion of the form.

Form Participants

Principal Investigator

First Name	Last Name	Email

Director/Chair

First Name	Last Name	Email

[Continue]

3. **Now indicate that the form is being completed by the PI and enter the header information:**

UNIVERSITY

Form Is Being Initiated by:
* -- Please Select --

Principal Investigator Name
Department
Project Index Number *(or Kuali # if no index yet)*

Sponsor
Sponsor Award Number, if any
Current Award Period

Form Is Being Initiated by:
* Principal Investigator

4. **Next, indicate what you are seeking approval for, and then (b) provide any relevant information in the text box provided.**

1. APPROVAL IS REQUESTED FOR:

☐ **No-Cost Extension** <mark>(NSF REQUESTS MUST BE SUBMITTED THROUGH RESEARCH.GOV - DO NOT USE THIS FORM)</mark>

a

Request must be submitted 30 days prior to end of award or in compliance with award notice, if different. Explain the programmatic basis for the extension in #2 below or attach a separate sheet.

☐ **Budget Revision –** Describe in #2 below or attach a sheet describing the budget revision request and providing adequate justification. Include detailed information on funds to be moved between categories.

☐ **Request to Continue Expenditures Past Current Grant Period –** Allowable only for 60 days past current end date, and only when award documentation indicates additional funding/time period is forthcoming and continuation notice has not yet been received at expiration of current funding period. The home org - school/department/campus - is financially responsible for incurred costs in the event continuation funding is not received.

☐ **Advance Costs Fund Request –** Allows for fund to be established before agreement is finalized. Spending is still within grant/ project period. The home org - school/department/campus - is financially responsible for incurred costs in the event an award is not received. Provide explanation/ justification for request in #2 below and attach supporting documentation that grant is forthcoming.

☐ **Pre-Award Costs (up to 90 days prior to start date)**

School/Department is financially responsible for pre-award costs in the event an award is not received. Provide explanation/ justification for request in #2 below.

☐ **Reduction of time of key personnel –** Indicate the amount of time by which effort is to be reduced for any personnel named in the award document. Include an explanation in #2 below.

Include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for action(s) checked above. Attach additional pages, if necessary.

b

5. **Section 2: Indicate whether there will be a change in project scope. If you select yes, a text box will appear to provide an explanation.**

2. EXPLANATION/JUSTIFICATION

Will the requested modifications result in a change of the project's scope?

* ◉ Yes
  ○ No

If yes, include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for the change in scopre. Attach additional pages using the file upload below, if necessary.

*This text box appears and needs completed if YES is indicated

Sponsored Programs: Amending Part 2
  ○ Add Clarification
  ○ No Change

Initiator File Upload	**Principal Investigator File Upload**	**Director/Chair File Upload**	**Sponsored Programs File Upload**
✎ Attach File	✎ Attach File	✎ Attach File	✎ Attach File

Initiator .xlsx File Upload	**Principal Investigator .xlsx File Upload**	**Director/Chair .xlsx File Upload**	**Sponsored Programs .xlsx File Upload**
✎ Attach File	✎ Attach File	✎ Attach File	✎ Attach File

6. **Attach Documentation: Attach any documentation related to Parts 1 or 2. It will be labelled Principal Investigator or Initiator File upload depending on your prior selections.**

2. EXPLANATION/JUSTIFICATION

Will the requested modifications result in a change of the project's scope?

* ◉ Yes
  ○ No

If yes, include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for the change in scopre. Attach additional pages using the file upload below, if necessary.

Sponsored Programs: Amending Part 2
  ○ Add Clarification
  ○ No Change

Initiator File Upload	**Principal Investigator File Upload**	**Director/Chair File Upload**	**Sponsored Programs File Upload**
✎ Attach File	✎ Attach File	✎ Attach File	✎ Attach File

7. **Section 3: PI should indicate whether they are also the responsible Chair/Director, then (click to sign).**

8. **'Signing' Will produce a pop-up window for you to generate your electronic signature. Enter in your First and Last name in their respective fields and click [Sign Electronically]:**

9. **Once all actionable required fields are completed you may [Submit Form] at the bottom of the screen. Incomplete required fields will show up with the error indicated below:**

If yes, include an explanation in the text box below.
Please cite programmatic or administrative reason(s) for the change in scopre. Attach additional pages using the file upload below, if necessary.

This field is required. Error

Sponsored Programs Amending Part 2
○ Add Clarification
○ No Change

Principal Investigator File Upload   **Director/Chair File Upload**   **Sponsored Programs File Upload**
[Attach File]   [Attach File]   [Attach File]

3. REQUIRED APPROVAL SIGNATURES

*   ...3431343537   Is the PI also the Chair/Director? * ○ Yes
Cody Polack   06/08/2023, 10:23 AM   ● No
Principal Investigator Signature   Date

*

_____   _____
Director/Chair or equivalent   Date
Signature

*

_____   _____
Sponsored Programs Signature   Date

Sponsored Programs use - Note agency requirement for request: * [_____]   Send Form

Send copy of completed DocuSign form to assigned Grants Accountant along with pertinent supporting documentation and updated spending plan Rev. November 2018

[Save Progress]   [Submit Form]

10. **The form will then be sent to the Director/Chair for their review and signature. IF the PI is also the chair, the form will proceed directly to Sponsored Programs for final review.**