

UNIVERSITY OF MAINE
OFFICE OF RESEARCH ADMINISTRATION
Organizational Prior Approval System (OPAS) Form
for Requesting an Advance Project

Prior to completing and submitting this form, please consult the [University of Maine Advance Project Policy & Procedure](#) for more information including the risks and responsibilities involved with Advance Projects.

Evidence of the sponsor's intent-to-fund must be attached for the request to be reviewed.

PARS Submission Number: _____
Principal Investigator _____
or Project Director _____ Department: _____

Phone Number: _____ Email Address: _____

Reason for Request:

- Pre-Award costs on Federal Awards (Costs must be incurred within the 90 day calendar period immediately preceding the effective date of the award)
Sponsor's authorization for pre-award spending attached? Yes No
- Late Award (Project set-up prior to receipt of executed award)
- Other (Explain):

AWARD INFORMATION

Sponsor (Funding Source): _____

Sponsor (Submitted To), if different from above: _____

Sponsor Award Number (if known): _____ Anticipated Award Amount: _____

Project Title: _____ CFDA No. _____

Award Start Date: _____ Award End Date: _____

Please list any payroll account codes needed to be set up: _____

COMPLIANCE INFORMATION

Human Subjects Involved? ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IRB Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRB Protocol# <input style="width: 100px;" type="text"/>	IRB protocols <u>must</u> be filed.
Training Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Animal Subjects Involved? ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IACUC Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IACUC Protocol# <input style="width: 100px;" type="text"/>	IACUC protocols <u>must</u> be filed.
Recombinant DNA or Infectious Agents (Class 2 or higher)? ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IBC Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IBC Protocol# <input style="width: 100px;" type="text"/>	IBC protocols <u>must</u> be filed.
Financial Conflict of Interest (FCOI):			
Training Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Significant Financial Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, an approved Conflict Resolution Plan must be on file prior to OPAS approval.
Certification on file? (usually in PARS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'yes' to above, has a Disclosure been filed with ORA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
USDA-NIFA funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, PI & Co-PI(s) must complete Responsible Conduct of Research (RCR) training prior to OPAS approval.	
RCR training completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

¹ The Principal Investigator certifies that no expenses related to human subjects and/or animal subjects and/or recombinant DNA or infectious agents (class 2 or higher) research will be charged until IRB and/or IACCUC and/or IBC approval has been obtained.

COMPLIANCE INFORMATION (cont.)

Export Control Regulations Apply (see Guidance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, must work with ORA to establish interim compliance strategy
Intellectual Property Involved (see Policy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, must be in touch with the Office of Research and Economic Development

Explanation/
Justification for
OPAS Request:

STATEMENT OF RESPONSIBILITY FOR REQUESTING AN ADVANCE PROJECT

We request that an Advance Project be opened in connection with a proposal submitted to the sponsor indicated above. There is a reasonable certainty that an award will be received with an effective date that will cover the charges made to the project and/or pre-award spending has been authorized by the sponsor. We realize our department or research unit is financially responsible for expenses posted to the project in the event the award is not made, not accepted, or if the terms of the award deem certain expenditures to be unallowable.

COLLATERAL CHARTFIELD _____ - X X X X X - X X - _____ - _____ - _____
(Department ID) (Account-Class) (Fund) (Program) (Project)

Further, we certify this request is consistent with the scope and objective of the project, and the action requested will result in the effective utilization of Sponsor & University resources.

Principal Investigator/Project Director: _____ Date: _____

Department Chair or Unit Director: _____ Date: _____

Printed Name _____

College/School Dean or Vice President for Research: _____ Date: _____

Printed Name _____

ORA REVIEW

This request has been reviewed for consistency with Sponsor and University policies and approval been recommended for approval by: Has Has Not

Date: _____

Comments:

APPROVED: _____ Date: _____

Office of Research Administration Director: _____

Please submit form to umgrants@maine.edu