

Request for Notice To Proceed**PART A:**

1. Principal Investigator: _____

2. Sponsor: _____

3a. COEUS Institute Proposal # _____ 3b. Fund: _____

4. Title of Proposal: _____

5a. Department Name: _____ 5b. Responsible Cost Center: _____

6. Proposal Amount Requested: \$ _____

Recommended funding (If different): \$ _____

(Attach budget work papers if different than original Proposal)

7. Proposal Project Period: _____

8. Progress Report Filed? ☐ Yes ☐ No ☐ N/A

9. Compliances Met? ☐ Yes ☐ N/A *(If compliances have not been met, this form cannot be submitted for approval)*

10. Is there a Budget with the Original Proposal? ☐ Yes ☐ No *(If No, please attach)*

11. Number of Internal Orders/Sponsored Programs? _____

12. Other Departments involved? _____

List Responsible Cost Center's: _____

(Attach a Budget for each IO/SP needed if Not Included in Original Proposal)

13. Preaward Cost Approval Requested? ☐ Yes ☐ No *(Note: Allowability of preaward cost varies by project sponsor)*

14. Business Manager or Designee: _____ Phone #: _____ Fax #: _____

PART B:

14a. _____ New NTP _____ Continuation of NTP

15. _____ NTP for an Established project that has a request for additional funds.

16. _____ NTP for an existing project to spend remaining funds beyond the expiration date because the no-cost extension has been requested but not yet been approved.

17. Functional Area: _____ 18. Agreement type: _____

19. Billing Rule: _____ 20. Anticipated Date of Award: _____

21. Source of Information: _____

22. a. NTP Period: _____ b. Previous NTP Period: _____

23. a. Total NTP Amount: \$ _____

24. New Grant Number Required?

☐ Yes Fund _____ IO/SP's Needed? _____

☐ No Continuation of Grant _____ How many are needed? _____

Funds Committed By:

☐ Purdue University ☐ Department (See Part C)

Comments: *(List any unusual circumstances, restrictions, etc.)*

Approval Requested:

Sponsored Programs Services
(SPS)

Date

Approved:

SPS

Date

PART C: Complete if funding has not been confirmed by SPS and the Department is assuming liability

25. Total NTP Amount \$ _____

26. Source(s) of Funding _____

27. Period of Time _____

28. Budgeted Items _____ *(attach)*

Business Manager

Date

Department Head/Director

Date

Dean/Vice President/Chancellor

Date