

MIAMI UNIVERSITY'S ORGANIZATIONAL PRIOR APPROVAL SYSTEM (OPAS)

Miami University's OPAS procedure is intended to assure that there is adequate institutional review and approval of decisions in the management of projects. OPAS review and approval of individual actions will document that the proposed action is thought to be:

- (1) necessary to achieve the project objectives supported by the grant;
- (2) consistent with the grant terms and conditions;
- (3) consistent with NSF and grantee policies;
- (4) effective utilization of institutional resources;
- (5) and does not constitute a change in the scope of the project.

The OPAS procedure is initiated by the Principal Investigator on the OPAS request form. It must be approved by the Department Chair of the Principal Investigator as witnessed by the completion of the appropriate signature and date line and forwarded to the Office for the Advancement of Research and Scholarship (OARS). Following this approval step, it is forwarded to the Grants Coordinator and for approval.

Copies of the completed form will be filed with the Principal Investigator, the Grants Administrator, the OARS proposal file.

ORGANIZATIONAL PRIOR APPROVAL SYSTEM (OPAS) REQUEST FORM

This action is being initiated by the Principal Investigator. Approval for the transaction proposed below is requested under the OPAS procedure.

Name of Principal Investigator:

Grant Number:

Granting Agency:

Title of Project:

State budget reallocations or other changes that are proposed, and give reasons for these changes:

The above request has been reviewed by the individuals below who agree that it:

- (1) is necessary to achieve the project objectives supported by the grant;
- (2) is consistent with the grant terms and conditions;
- (3) is consistent with NSF and grantee policies;
- (4) represents effective utilization of institutional resources;
- (5) does not constitute a change in the scope of the project.

Approved:

Department Chair _____

Date _____

Associate Provost for _____
Research and Scholarship

Date _____

Grants Coordinator _____

Date _____