

# Request for Notice To Proceed

**PART A:**

1. Principal Investigator: \_\_\_\_\_

2. Sponsor: \_\_\_\_\_

3a. COEUS Institute Proposal # \_\_\_\_\_ 3b. Grant type: \_\_\_\_\_

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 WBSE/Sponsored Programs? \_\_\_\_\_

12. Other Departments involved? \_\_\_\_\_  
 List Responsible Cost Center's: \_\_\_\_\_  
*(Attach a Budget for each WBSE/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. Award 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 Grant Type \_\_\_\_\_ WBSE/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: _____	Approved: _____
Sponsored Programs Services (SPS) _____ Date _____	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 \_\_\_\_\_