



1. Please fill in the general information fields below:

<i>Principal Investigator / Project Director</i>	<i>Department</i>	<i>Grant Designation</i>	<i>Rates</i>
			<i>Fringe (faculty)</i>
<i>Sponsor / Awarding Agency</i>	<i>Current Award Period</i>		<i>Fringe (student)</i>
	<i>to</i>		<i>Overhead</i>

2. Please indicate your desired action by checking the applicable box below:

<i>Pre-Award Spending (up to 90 days)</i>	<i>Requested Start Date:</i>
<i>No-Cost Extension (up to 12 months)</i>	<i>Requested End Date:</i>
<i>Risk EDORDA Creation (if no executed agreement)</i>	

Re-budgeting

<u>Budget Category</u>	<u>Increase Amount</u>	<u>Decrease Amount</u>
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50XXX-Salaries (faculty).....
 50XXX-Salaries (student).....
 51XXX-Benefits.....
 52XXX-Building and Maintenance.....
 53XXX-Fees for Services.....
 54XXX-Equipment and Supplies.....
 55XXX-Travel and Entertainment.....
 56XXX-Other Expenses.....
 56800-Indirect Cost Recovery.....

How is Overhead calculated on this grant?

Salary
(Indirect Cost Recovery will auto-calculate)

Direct Costs
(Indirect Cost Recovery will auto-calculate)

Other
(enter Indirect Cost Recovery manually)

TOTAL *(increase and decrease must match)..*

3. Please briefly cite scientific, programmatic, technical, or administrative reason(s) for this action. Attach additional pages, if necessary. Address how the change relates to original grant objectives.

I have examined this request for its scientific, programmatic, and/or administrative merits. This action will result in effective utilization of college and project resources and is consistent with the scope and objectives of the project, college policy, sponsor policies, and (if appropriate) OMB Expanded Authorities.

Principal Investigator / Proj. Director	Date	Controller's Office (if required)	Date
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Grants & Sponsored Programs	Date	Other (if required)	Date
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