



1. Please fill in the general information fields below:

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

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

<input type="checkbox"/> Pre-Award Spending (up to 90 days)	<input type="checkbox"/> Requested Start Date:
<input type="checkbox"/> No-Cost Extension (up to 12 months)	<input type="checkbox"/> Requested End Date:
<input type="checkbox"/> Risk EDORDA Creation	<input type="checkbox"/> Default EDORDA:
<input type="checkbox"/> Re-budgeting	(will cover all incurred expenses if grant agreement is not approved)

<u>Budget Category</u>	<u>Increase Amount</u>	<u>Decrease Amount</u>	
50XXX-Salaries (faculty).....			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)
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.....			
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	Date
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Grants & Sponsored Programs	Date	Default EDORDA Budget Holder	Date
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