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## CAS Sponsored Research

Phone: 503-768-7362

Email: [sponsres@lclark.edu](mailto:sponsres@lclark.edu)

Web site: [http://go.lclark.edu/sponsored\\_research](http://go.lclark.edu/sponsored_research)

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# Grant Change Request Form

Complete this form if you anticipate the need to make any changes to your grant, including but not limited to changes to the budget or project aims and requesting a no-cost extension.

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### Principal Investigator Information

Name

Date

Department

Phone

Email

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### Project Information

Funding Agency: \_\_\_\_\_

Project Title: \_\_\_\_\_

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Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

Agency Award Number: \_\_\_\_\_

Lewis & Clark Account Number: \_\_\_\_\_

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### Type of Change Requested

☐ No cost extension

☐ Budget revision

☐ 90-day pre-award costs

☐ Change in activities that affect scope

☐ Change in Key Project Personnel

☐ Other Change: \_\_\_\_\_

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**Only complete the questions in the following sections that are relevant to the type of change requested. Leave the other questions blank.**

### No Cost Extension

Approximate budget balance remaining: \_\_\_\_\_

☐ 1<sup>st</sup> extension of 12 months or less

☐ 2<sup>nd</sup> extension

☐ 1<sup>st</sup> extension exceeding 12 months

## Budget Revision

- ☐ Reallocation of budgeted funds between direct cost categories
  - ☐ Reallocation of budgeted funds between direct and indirect costs
  - ☐ Equipment purchases not included in sponsored approved budget
  - ☐ Travel expenses for trip not included in sponsored approved budget
  - ☐ Addition of stipends not included in sponsored approved budget
  - ☐ Transfer to a third party/ subcontract a portion of work under this award
  - ☐ Addition of costs that are specifically disallowed by the terms and conditions of the award
  - ☐ Transfer of funds from stipends or training allowances to other budget categories
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## Justification:

## Please attach any additional written justification for grant change request.

I certify that this request is consistent with the scope and objectives of the project.

**Preparer/Principal Investigator Signature**

**Date**

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## Approvals

Upon review of the above requested changes, I give the following recommendation:

- ☐ Approved      ☐ Not Approved

**Approver/Grant Administrator Signature**

**Date**

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If approved, does the funding agency have to approve request or be notified of change?

- ☐ Yes      ☐ No

If "Yes", date sent: 

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