



Prior Approval Form

Principal Investigator

FE Project ID

Agency Award Number

Sponsor/Awarding Agency

Current Award Period

to

1. Action(s) for which approval is requested:

*** Agency approval required, *Agency approval may be required*

Change in Objective or Scope** Change in/absence of Principal Investigator**

Pre-Award Spending (up to 90 days prior) Requested State Date:

No-Cost Extension (up to 12 months) Requested End Date:

Budget Adjustment Request (complete detail below)

<u>Budget Category</u>	<u>Increase Amount</u>	<u>Decrease Amount</u>
50XX Salaries (Faculty).....		
51XX & 52XX Salaries (Staff).....		
53XX Student Wages.....		
5590 Fringe Benefits.....		
64XX Equipment*.....		
60XX Travel.....		
653X & 670X Participant Support**.....		
5710 Supplies.....		
XXXX Other.....		
6599 Indirect Costs.....		
TOTAL (increase and decrease must match).....		

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

3. Required Approval Signatures:

I have examined this request for its scientific 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 projects, College policy, and OMB Expanded Authorities.

Principal Investigator

Date

Director of Sponsored Research

Date

Controller's Office

Date

Other (if required)

Date