Award Request Form (AwaRe)

This form is to be used by principal investigators with their department/unit administrators to submit requests to OGCA for changes in active, funded projects. Sometimes OGCA may have the authority to approve the requested change; other times, prior sponsor approval is necessary before OGCA can process the change. Therefore, this form must be submitted to OGCA early enough to allow time for administrative processing and, when applicable, early enough to secure the sponsor's approval in advance of the requested change. Requests for multiple actions/grants require separate forms for each action/grant.

Project Information

Banner Grant Number _____   Principal Investigator _____

Funding Agency/Sponsor _____   Agency/Sponsor Award Number _____

☐ All Funds   ☐ Specific Fund(s)   Fund Number(s) _____

Action and Justification *(*Hover over actions for instructions)*

Budgetary Changes

☐ Rebudgeting Requiring Sponsor Approval   ☐ Carry Forward of Funds

☐ Internal Rebudget **NOT** Requiring Sponsor Approval   ☐ Uniform Guidance Monitored Costs (CAS required)

PI/Key Personnel Changes

☐ PI/Key Personnel Change   New PI ID Number: _____   Effective Date: _____

☐ Change in Effort Requiring Approval   Percentage Change: _____   ☐ Disengagement of PI of 90 Days or More

Scope and Time Changes

☐ No Cost Time Extension   Current End Date: _____   New End Date: _____

☐ Early Termination / Close Out   Termination Effective Date: _____

☐ Change in Scope

Equipment Purchases

☐ Request Title to Already Purchased Equipment on Ended Grant   ☐ Special/General Purpose Equipment **NOT** in Sponsor-Approved Budget

☐ Purchase of Equipment in Last 3 Months of Project   ☐ General Purpose Equipment

Transfers and Other Changes

☐ Transfer to New Institution   Effective Date: _____   ☐ Other (please explain below)

Explanation/Justification (Any action checked above, requires explanation/justification)

[text box]

Documentation Attached?   ☐ Yes   ☐ No

Confirmation

The above information has been confirmed and verified:

_____   _____   _____   _____
Unit/Dept Signature   Date   OGCA Signature   Date

Version 041123