Grants Office

□ 1st extension exceeding 12 months

Grant Change Request Form

Phone: 318 869-5747 email: pjrobert@centenary.edu web site: 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. Do not institute any changes unless they have been submitted and approved. **Principal Investigator Information** Name Date Department Phone email **Project Information Funding Agency:** Project Title: **Project Start Date:** Project End Date: Agency Award Number: Centenary Account Number: **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: Complete only the questions in the following sections that are relevant to the type of change requested. **No Cost Extension** Approximate budget balance remaining: □ 2nd extension ☐ 1st extension of 12 months or less

Centenary College of Louisiana Grant Change Request Form

В	udget Revision
	Reallocation of budgeted funds between direct cost categories
	Reallocation of budgeted funds between direct and indirect costs
	Equipment purchases not included in sponsor-approved budget
	Travel expenses for trip not included in sponsor-approved budget
	Addition of stipends not included in sponsor-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
Fo	or all change requests
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	ease attach any additional written justification for grant change request.
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