RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK
UNIVERSITY AT BUFFALO
Federal Grant Change Request

| PD/PI | Dept. | Phone No. |
|---|---|---|
| RF Acct. No.<br>150- | Federal Funding Agency | |

**APPLICABLE REGULATIONS**:

- ☐ FDP
- ☐ Expanded Authorities
- ☐ EDGAR (USDE)
- ☐ PHS Non-Research Grant
- ☐ Other: _____

**ACTION REQUESTED:**

**I.** ☐ **Notification of No-Cost Extension**. (Use II if project is funded by ONR , AFOSR, USDE or PHS Non-Research.) The project period has been extended for ____ months. The end date of the project now is _____/_____/_____. *(This notice must be received by SPA no later than 15 days before the current project term date.)*

**II.** ☐ **Request for No-Cost Extension**. (Use for projects funded by ONR, AFOSR, USDE, or PHS Non-Research) Please extend the project period for ___ months. The new end date of the project will be _____/_____/_____. *(This request must be received by SPA no later than 45 days before the current project term date.)*

**III.** ☐ **Change in Project Scope or Objective.**

**IV.** ☐ **Change in, or absence of Project Director/Principal Investigator.**

**V.** ☐ **Establish relatedness between two or more projects.**

**VI.** ☐ **Pre-Award Costs**. **up to 90 days prior to award start date.** Requested Start Date: _____/_____/_____

**VII.** ☐ **Pre-Award Costs, more than 90 days prior to award start date.** Requested Start Date: _____/_____/_____.

**VIII. Other:**

**JUSTIFICATION/DESCRIPTION:** Please provide a brief justification/description of the specific scientific, administrative, or technical reasons for the requested change. Use reverse or attach additional pages as needed.

**APPROVALS:**

**Project Director/Principal Investigator.** The requested change is necessary for most effectively accomplishing the project aims and objectives.

_____
Project Director/Principal Investigator Date

**Chair and Dean. Required for Actions III, IV, and V**. I have reviewed the scientific and/or the administrative merits of the requested change. This action will result in effective and appropriate use of project resources.

**or: Required for Actions VI. and VII.** Pre-award initiation of this project is of sufficiently high priority to justify the risk of incurring costs prior to receiving the award. If the anticipated award is not made, or not made within 90 days of initiating the pre-award funding, I/we will identify resources to be used to reimburse the advanced funds.

_____ _____
Chair Date Dean Date

**Sponsored Programs Administration. Required for All Actions**. This change is consistent with all applicable sponsor terms and conditions.

_____ ☐ Sponsor Approval Required ☐ Sponsor Approval Received
Date

Return to: SPS, 402 Crofts Hall, Buffalo, NY 14260-7016 after all required campus approvals have been obtained.