Clear Form

WVEPSCoR Science and Research
West Virginia Higher Education POLICY COMMISSION

REQUEST FOR GRANT AWARD MODIFICATION

Please complete the information below and forward to program officer,
Dr. Jan R. Taylor, jan.taylor@wvresearch.org • (304) 558-4128 voice • (304) 558-2321 fax

Todays date _____

Grant Program Name		Award Number	
PI Name			
INSTITUTION			

TYPE OF MODIFICATION (Check one only - use separate form for each modification)

- ☐ No-Cost Time Extension
  New end date _____
- ☐ Budget exceeding 10% allowance
  (Includes cost share and/or cost share contributors)
- ☐ Personnel Change
- ☐ Change in scope
- ☐ Other

JUSTIFICATION FOR MODIFICATION

Budget Category	Current Budget	Proposed Adjustment	Revised Budget
Personnel & Fringe			0.00
Equipment			0.00
Travel			0.00
Participant Support			0.00
Other Direct			0.00
Indirects			$0.00
TOTAL	**$0.00**	$0.00	**$0.00**

PI certification _____

Financial officer certification _____

DO NOT WRITE BELOW THIS LINE

ACTION ☐ Approved ☐ Disapproved

By _____ Date _____