

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

Today's date _____

Grant Program Name	Award Number
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PI Name	
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INSTITUTION	
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TYPE OF MODIFICATION (Check one only - use separate form for each modification)

- | | |
|---|---|
| <input type="checkbox"/> No-Cost Time Extension
New end date _____ | <input type="checkbox"/> Budget exceeding 10% allowance
(Includes cost share and/or cost share contributors) |
| <input type="checkbox"/> Personnel Change | <input type="checkbox"/> Change in scope |
| <input type="checkbox"/> Other | |

JUSTIFICATION FOR MODIFICATION

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

PI certification

Financial officer certification

DO NOT WRITE BELOW THIS LINE

ACTION Approved Disapproved

By _____ Date _____