



Grant Modification Request Form

Please complete the information below and submit to Dr. Juliana Serafin, Senior Director, WVHEPC STaR Division, juliana.serafin@wvresearch.org, (304) 558-4128.

Today's 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial officer certification

DO NOT WRITE BELOW THIS LINE

ACTION Approved Disapproved

By Date
Juliana Serafin, Senior Director