

**Office of the Vice President for Research  
ADMINISTRATIVE ACTION REQUEST FORM**

This form should be used for all administrative action requests. Such actions must be considered necessary to meet the objectives of the project and must be allowable under the existing terms and conditions of the award.

PRINCIPAL INVESTIGATOR

DEPT. NAME

GRANT ACCOUNT #

PROPOSAL TITLE

SPONSOR/AGENCY

**REQUESTED ACTION**

---

**No-Cost Extension** – one year or less

Please explain why you require a no-cost extension.

**Preaward Costs\***

Complete the detailed budget for your preaward expenses (limited to \_\_\_\_% of the proposal).  
Request includes direct cost only.

Salary and Wages	_____
Fringe Benefits	_____
Equipment	_____
Travel	_____
Supplies	_____
Other_____	_____
<b>TOTAL REQUESTED</b>	_____

Please attach evidence that the award is forthcoming.

**Budget Revision**

Complete the current budget and revised budget.

CURRENT		REVISED	
Salary and Wages	_____	Salary and Wages	_____
Fringe Benefits	_____	Fringe Benefits	_____
Equipment	_____	Equipment	_____
Travel	_____	Travel	_____
Supplies	_____	Supplies	_____
Other_____	_____	Other_____	_____
<b>TOTAL</b>	_____	<b>TOTAL</b>	_____

A scientific explanation is required to exercise an expanded authority action. Include the impact of the action on the approved budget. State the categories being affected by the revision and how they will be affected.

**Carryover of Unobligated Balances**

Current Funding Available  
Salary and Wages \_\_\_\_\_  
Fringe Benefits \_\_\_\_\_  
Equipment \_\_\_\_\_  
Travel \_\_\_\_\_  
Supplies \_\_\_\_\_  
Other \_\_\_\_\_  
TOTAL \_\_\_\_\_

Carryover Funds Requested  
Salary and Wages \_\_\_\_\_  
Fringe Benefits \_\_\_\_\_  
Equipment \_\_\_\_\_  
Travel \_\_\_\_\_  
Supplies \_\_\_\_\_  
Other \_\_\_\_\_  
TOTAL \_\_\_\_\_

Please provide a detailed justification outlining the activities that will be completed using carryover funds and how the activities relate to the existing and approved work plan.

---

I understand that in the event the award is not made, the undersigned agree to cover any and all expenses incurred. The account number for unallowable expenses is \_\_\_\_\_.

By signing this document, I am indicating that this request is consistent with the scope and objectives of the approved project and is in compliance with the terms and conditions of the awarding agency.

**Principal Investigator\_**

**PI's Supervisor**

\_\_\_\_\_  
Name: \_\_\_\_\_ Date

\_\_\_\_\_  
Name: \_\_\_\_\_ Date

**Vice President for Research**

\_\_\_\_\_  
Charles J. Amlaner \_\_\_\_\_ Date

\* Notification of an award has been received, but the official project start date has not yet arrived OR notification of an award has been received, but official award documentation has yet to arrive.