

Date \_\_\_\_\_

### HAMPTON UNIVERSITY REQUEST TO REVISE A GRANT/CONTRACT

Funding Agency \_\_\_\_\_

Project Title \_\_\_\_\_

Principal Investigator \_\_\_\_\_ Department \_\_\_\_\_

Agency Award No. \_\_\_\_\_ HU Account No. \_\_\_\_\_

Complete all that apply

Change in PI/Director	Current _____	New _____
Change in Other Senior Personnel	Deletions _____ _____	Additions _____ _____
Change in Budget (Attach Copies of Original, Revised Budgets, and The Banner Account Balance)	New Funds Requested? Yes _____ No _____	Changes in Indirect Cost or Release Time? Yes _____ No _____
Changes in Performance Period (Attach Statement of Work for New Period)	Current date: From _____ To _____	Requested date: From _____ To _____

Please note, PIs/PDs should not request a no-cost extension solely to utilize remaining funds. A clear rationale must be provided, outlining the specific work or project that will be completed during the requested extension period.

Rationale for Change \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval Recommended:

\_\_\_\_\_ Principal Investigator/Project Director

\_\_\_\_\_ Department Chair/Supervisor

\_\_\_\_\_ School Dean/Budget Executive

\_\_\_\_\_ VP for Information Technology\*

\_\_\_\_\_ Executive VP and Provost

\_\_\_\_\_ Director, Sponsored Programs

\_\_\_\_\_ Sr. VP for Business Operations and Finance

\*Signature required only if new funds or re-allocation of funds will be used to purchase technology.

**TO BE COMPLETED BY SPONSORED PROGRAMS**

AGENCY ACTION \_\_\_\_\_ DATE \_\_\_\_\_