

THE UNIVERSITY OF TENNESSEE
Office of Sponsored Programs Award Action Form
(Expanded Authority Approval and Change Request Form)

Please complete the following:

- Principal Investigator(s): _____
- Department: _____
- Departmental Contact for this Request: _____
- Award Agency Name: _____
- Agency Award Number: _____
- UT Restricted Account: _____
- Award Period Begin Date: _____ End Date: _____

Complete only the applicable section(s):

Each text box is limited to 1,000 characters. If more space is needed, please attach additional pages.

1. No-Cost Time Extension Request

- Is this the first extension request for this project? YES NO
- Requested revised end date: _____
- Reason/Justification for this request:

- Scope of work to be completed during extension period:

- Estimated unobligated balance as of current project period end date, including direct and indirects (F&A): _____
Reason for unobligated balance:

- Are there sufficient unobligated funds to support the project through the extension? If not, please explain how the project will be supported financially.

2. Requesting Pre-Award Costs

***Requires Dept. Head Signature**

- Effective Date: _____
- Justification:

3. UT-Battelle Incurrence of Cost Request

- Effective Date: _____
- Amount Incurred by Budget Category:

4. Rebudget Request

- Complete the rebudget request on the Budget Change Form (the T-1 Form will not be accepted).
- Justification for rebudget - for each budget category affected, please explain why transferred funds are no longer needed in the original category and why they are necessary in the new category. Reasons such as “revised budget to accommodate expenditures”, “budget category out of balance”, “money left over”, or “correct projected shortfall”, are not sufficient justification to rebudget funds.

Signature:

Principal Investigator: _____ Date: _____

Department Head: _____ Date: _____

***Only required if requesting Pre-Award Cost**

Office of Sponsored Programs Use Only

Is agency pre-approval required for the requested action? YES NO Reviewer _____

*If yes, written sponsor approval must be attached with final processing documentation.

Office of Research & Engagement: _____

Date: _____