

**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. Addition of direct costs requiring sponsor prior approval**

- Under federal regulations and some sponsor guidelines some direct costs require prior written approval if they were not included in the original proposal budget and budget justification. These costs may include, but are not limited to, administrative and clerical salaries, computing devices (under \$5,000 unit costs), participant support costs, fixed amount subawards, equipment and other capital expenditures, memberships, subscriptions and professional activities costs, travel costs, etc. Please provide a written detailed justification suitable for sponsor review and approval. The justification should provide all required elements for the given circumstance. For example: the addition of administrative and /or clerical salary must address the four (4) points covered by UT Fiscal Policy ([http://policy.tennessee.edu/fiscal\\_policy/fi0206/](http://policy.tennessee.edu/fiscal_policy/fi0206/)). If prior approval is not sought prior to the expenditure the department will be responsible for all unapproved expenses.

## **3. Senior/Key Personnel change request**

- Under federal regulations and sponsor guidelines senior/key personnel changes require prior written approval. These changes may include but are not limited to change in person-months or percent of effort devoted to the project, long-term absence of the PI/PD or co-PI/PD, change of PI/PD or co-PI/PD, and PI/PD or co-PI/PD transfer from one organization to another. Please provide a written detailed justification suitable for sponsor review and approval. The justification should provide all required elements for the given circumstance.

## **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.

**5. UT-Battelle Incurrence of Cost Request**

- Effective Date: \_\_\_\_\_
- Amount Incurred by Budget Category:

**6. Requesting Pre-Award Costs**

- Effective Date: \_\_\_\_\_
- Justification:

**I certify that the information on this form is correct and it adheres to the regulations of my project. If project is federally funded, my request also adheres to federal regulations.**

**Signature:**

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Sponsored Programs Use Only

Is agency prior approval required for the requested action? YES\* NO Reviewer \_\_\_\_\_

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

Office of Sponsored Programs:

Action Approved by OSP (Award Coordinator's Signature below)\*\*:

X \_\_\_\_\_ Date: \_\_\_\_\_

Action Not Approved by OSP.

Reason Not Approved: \_\_\_\_\_

\*\*For rebudget requests (Item #4), OSP only reviews for contract requirements regarding prior sponsor approval. OSP award coordinator's approval only indicates that (i) no prior sponsor approval is required per the contract requirements or (ii) prior sponsor approval has been given by the sponsor's contracting officer. OSP does not check ledger balances or G/L cost item charges for overdrafts.

Please return form to the Office of Sponsored Programs  
FAX: 865-974-2805 or [osp@utk.edu](mailto:osp@utk.edu)

Last Updated: 04/22/2016