

THE UNIVERSITY OF TENNESSEE
Office of Sponsored Programs Award Action Form

Please complete the following:

- Lead Principal Investigator: _____
- Department Administrative Name & Phone #: _____
- Sponsor Name: _____
- Cayuse Project Number: A _____ - _____
- WBS Account: _____
- Project Begin Date: _____ End Date: _____

Complete only the applicable section(s):

1. No-Cost Time Extension (NCTE) Request

- Is this the first extension request for this project? YES NO If no, this is NCTE request number _____
- Requested revised end date: _____
- Justification for NCTE request:

- If NCTE request submitted after sponsor required request date, provide additional justification as to why NCTE request is being made late:

- Scope of Work to be completed during requested extension period:

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

- Are there sufficient unobligated funds to support the project through the requested extension? Yes No

2. Addition of direct costs requiring sponsor prior approval

- Check if requesting for prior approval to add:

Equipment

Subawards

Other:

Foreign Travel

Participant Support Costs

Computers (includes Devices/Accessories)

Administrative/Clerical Salaries

- A detailed justification requesting prior approval for all added costs checked above must be included (attach to this form). The justification should provide all required elements for the given circumstance according to UT Fiscal Policy for Sponsored Projects and Sponsor requirements (<https://universitytennessee.policytech.com/docview/?docid=45&public=true&fileonly=true>). If not approved 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 sponsor prior approval. Justification for senior/key personnel change:

4. Anticipated Budget Revisions (Rebudget Request)

- Provide detailed justification (below) for why funds are no longer needed in the original budget G/L cost line item category and why they are necessary in the different G/L cost line item category. Reasons such as “*revised budget to accommodate expenditures*”, “*budget category out of balance*”, “*money left over*”, or “*correct projected shortfall*”, are not sufficient justifications to revise the budget. Attach copies of all sponsor approval documentation already received.
- Attach completed OSP Budget Change Form (available at <https://osp.utk.edu/forms-osp/>).

5. Incurrence of Cost Request (for sponsors such as UT-B, ORNL, and Y-12)

- Effective Date: _____
- Amount Incurred by G/L Budget Cost Category: \$ _____
- Detailed Justification:

6. Pre-Award Cost(s) Request (for sponsors such as NSF, NIH, DOE, DOD, NASA)

- Date/Period Requested: _____
- Detailed 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. I acknowledge that I am responsible for managing the costs incurred and the period of performance for this award.

Signature:

Lead Principal Investigator: _____ Date: _____

Office of Sponsored Programs Use Only

Is sponsor **prior approval** required for the requested action? YES NO Reviewer Initials _____

Sponsor prior approval for requested action given to OSP on Date _____ and attached to this form.

Requested action falls under institutional expanded authority.

Action not allowed for the following reasons:

Requested action not allowed by Sponsor.

Requested action does not fall under institutional expanded authority.

Insufficient justification provided to submit request to sponsor or apply institutional expanded authority.

Other: _____

Please note that for anticipated budget revision requests (Item #4), OSP does not check ledger balances or G/L cost line item charges for overdrafts. Please check account and line item balances prior to requesting budget revisions.

OSP Contract Coordinator signature: _____ Date: _____