



Office of Sponsored Programs

GRANT AMENDMENT REQUEST/SIGN OFF FORM

Please complete this form, including signatures by Principal Investigator (PI) and Director/Unit Head. Send the completed form to OSP at OSP@american.edu.

Amendment Type: **No Cost Extension (NCE)** **If Other:** _____
(Check all that apply) **Budget Revision**
Change in Key Personnel **AU Grant Account #:** _____
Termination
Change in PI Effort
Other

Award Balance: \$ _____ **Current Award End Date:** _____

Principal Investigator's Name: _____

Sponsor Name: _____

NO COST EXTENSION (NCE):

Please be advised: sponsors generally will not accept the need to spend remaining funds as the primary reason for needing an extension.

Proposed new end date: _____ **Requested final report deadline:** _____
If not specified in grant terms.

Extension action: **1st no cost extension** **2nd no cost extension**

BUDGET REVISION:

Attach the following with the form:

- Revised AU budget
- Revised sponsor budget *(if applicable)*
- Other sponsor required documents

CHANGE IN KEY PERSONNEL:

Consult the [PI-Eligibility Policy on Sponsored Research](#)

- Completed [Conflict of Interest Form \(FCOI\)](#)
- Bio Sketch/ Current & Pending *(if applicable)*
- Other sponsor required documents

CHANGE IN PD/PI EFFORT?

If yes, please include the original effort and the new effort, and provide explanation in the justification.

Original Effort %: _____ **New Effort%:** _____

JUSTIFICATION FOR ACTION:

Attach additional pages as needed. Please indicate the reason(s) for the amendment.

PLANS FOR THE REMAINDER PERIOD OF PERFORMANCE:

Specify work to be completed during extension period per original scope of work.

FOR LATE REQUESTS (as per the sponsor terms and conditions), please provide reason:

ADDITIONAL COMMENTS AND CONSIDERATIONS:

Signatures:

Principal Investigator:

_____ **Date:** _____

Director/Unit Head or Designee:

_____ **Date:** _____

For OSP use only

Received Date/Initials: _____ **Approved/Initials:** _____