



# 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 OSARA at [OSARA@american.edu](mailto:OSARA@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:**                    **1<sup>st</sup> no cost extension**                    **2<sup>nd</sup> 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.*

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**PLANS FOR THE REMAINDER PERIOD OF PERFORMANCE:**

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

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

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**ADDITIONAL COMMENTS AND CONSIDERATIONS:**

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**Signatures:**

**Principal Investigator:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Director/Unit Head or Designee:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**For OSARA use only**

**Received Date/Initials:** \_\_\_\_\_ **Approved/Initials:** \_\_\_\_\_