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| --- | --- |
| **Grant/Project Title:** |  |
| **Grant Award #:**(Funding Agency) |  | **Fund #:**(Banner) |  |
| **Grant Period:** | Start Date: |  | End Date: |  |
| **Total Amount of Grant Award:** |  |
| **Project Director:** |  |
| **Reason/Justification for Request:** (check all that apply) |
| [ ]  Budget Modification | [ ]  Programmatic Modification | [ ]  No Cost Extension | [ ]  Other: (Specify) |  |
| **Detailed Description of Programmatic Modification and/or Justification for Budget Modification:** |
|  |
| **Budget Modification Details:** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Category** | **Current Budget** | **Account Code** | **Requested Adjustment** | **Adjusted Budget** |
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| **TOTALS** |  |  | **$0** |  |

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| **Requested modification requires approval of grantor:** | [ ]  Yes | [ ]  No |
| If yes, please describe or attach a copy of the funding agency’s modification procedure: |
|  |
| **Additional Conditions/Requirements** |
| \*All requests for modifications must be approved internally before the project manager sends the request to the funding agency for approval. |
| \*Costs that overrun the budget will become the responsibility of the project director’s department/division. |
| **Approvals:** |
| **Position** | **Signature** | **Date** |
| Project/Budget Manager |  |  |
| Grants Manager (Finance) |  |  |
| Director of Sponsored Programs & Strategic Initiatives |  |  |
| Supervising Vice President |  |  |
| President |  |  |