

University of California, San Diego

OFFICE OF CONTRACT AND GRANT ADMINISTRATION

FEDERAL DEMONSTRATION PROJECT ACTION FORM

1. Principal Investigator \_\_\_\_\_ 2. Department \_\_\_\_\_
3. Agency Name & Grant No. \_\_\_\_\_ 4. Account/Fund # \_\_\_\_\_
5. Budget period affected (dates) \_\_\_\_\_ to \_\_\_\_\_
6. Approval is requested for the following action(s)

No cost extension ( up to 12 months)  
Specify funds remaining and purpose

Change in scope

Agency specific requirements  
(budget changes over \$25K, etc.)

Change in Principal Investigator

Note: Refer to PPM 150-48 for pre-award cost approval and to the Project Relatedness Request form to establish relatedness between two or more grants.

7. Justification ( include the scientific rationale for the change, a breakdown of the costs involved, and an explanation of why the funds are available):

8. Approvals:

This action is consistent with the project as approved by the funding agency:  _____ Principal Investigator	_____ Date	This action is consistent with respect to funding agency, FDP, and University policies:  _____ Contract & Grant Officer	_____ Date
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FUNDING AGENCY APPROVAL IS REQUIRED  (CHECK IF YES)

This action is approved, it is understood that the action will not increase the cost of the project to the Agency.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name and Title of Funding Agency Official

Funding Agency