



TriService Nursing Research Program Award CHANGE REQUEST FORM



Subject: Request for TriService Nursing Research Program award N_____ - _____

1. In accordance with the USUHS and TSNRP Terms and Conditions, I would like to request a(n)
 - ☐ Additional funds
 - ☐ Change in the scope of the study
 - ☐ Change in key personnel
 - ☐ No cost extension (*Last progress report submitted*_____)
 - ☐ Purchase of equipment (>\$5,000) not in originally approved budget
 - ☐ Reallocation of funds >10 % (cumulative) of the total award
 - ☐ Other (specify) _____

For the purpose of_____.

Provide a detailed justification for the request on a separate page. If needed, include a comparison of the current timeline to the requested revised timeline.

2. A current accounting of the award budget is below. The budget table contains the amount of funds originally approved for this award, the expenditures to date, and a projection of expenses needed to complete the project. **(Attach a current budget statement from your Grantee Organization to verify this chart.)**

Please ensure that your budget matches the requested timeline and reflects how the funds from your award will be spent.

<i>Date:</i>	<i>Funds Approved</i>	<i>Expenditures To Date</i>	<i>Proposed Reallocations</i>	<i>Projected Expenses</i>
<i>Personnel</i>				
<i>Consultant</i>				
<i>Equipment</i>				
<i>Supplies</i>				
<i>Travel</i>				
<i>Other Expenses</i>				
<i>Patient Expenses</i>				
<i>Consortium Costs</i>				
<i>Indirect Costs</i>				
TOTALS				



3. Included supporting documentation. Requests will not be processed without associated supporting documentation. Please select the following items you are including as they apply to your request:

- ☐ Detailed Justification for request
- ☐ Budget & Justification ☐ N/A
- ☐ Current Budget Statement
- ☐ Revised Timeline ☐ N/A
- ☐ Other (briefly describe) _____

Principal Investigator Signature

Date

TSNRP Response:

Request: ☐ Approved

☐ Not approved, please revise and resubmit or contact
your Grants Manager for assistance.

Executive Director
Signature of Approval