

# ADMINISTRATIVE ACTION REQUEST FORM

This form should be used for all administrative action requests. **Such actions must be considered necessary to meet the objectives of the project and must be allowable under the existing terms and conditions of the award.** PLEASE NOTE: Requests for expanded authorities on NSF awards must be made via Fastlane (<http://www.fastlane.nsf.gov>).

Principal Investigator	Phone	Fax
Department	Dept. No.	UGA Proposal or UGA Account #
Sponsor / Agency		

Proposal Title: \_\_\_\_\_

### Requested Action

<input type="checkbox"/> Pending Award (limited to 90 days and up to 25% of total award amount). <b>Complete detailed budget below.</b>  <input type="checkbox"/> Pre-Award Costs (under Expanded Authority) up to 90 days in advance of the anticipated start date of _____. <b>Complete detailed budget below.</b>  Mail to: Office of Sponsored Programs 621 Boyd GSRC Building Campus 30602-7411 Fax Number: (706) 542-5946	<input type="checkbox"/> Equipment Acquisition (for equipment purchases not listed in the original award notice)  <input type="checkbox"/> Significant Budget Reallocation ( <b>Complete detailed budget below</b> ). For Federal Awards, cumulative re-budgeting of more than 25% of the award is subject to agency review/approval.  <input type="checkbox"/> Foreign Travel (not originally budgeted)  <input type="checkbox"/> Other (specify) _____  Mail to: Contracts and Grants Division B4, Business Services Building Campus 30602-4222 Fax Number: (706) 542-6883
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**Scientific Explanation/Justification:** A scientific explanation is required by the federal government to exercise an Expanded Authority action. The explanation must include the impact of the action on the approved budget. For equipment purchases, list each item and its cost. If re-budgeting is requested, attach a budget and state the categories being affected and the amounts being changed. For pre-award cost requests, complete the detailed budget below for the pre-award amount (limited to 25%) including direct and indirect costs.

<b>Detailed Budget</b>	
Salaries and Wages	_____
Fringe Benefits	_____
Equipment	_____
Travel	_____
Supplies and Expense	_____
Other	_____
Indirect Costs ( ____ %)	_____
Total Amount Requested	_____

**In the event the award is not fully executed, the undersigned agree to cover any and all expenses incurred.** By signing this document, you are indicating that this request is consistent with the scope and objectives to the approved project and is in compliance with the terms and conditions of the awarding agency.

	<i>Signatures Required only for Pending Award Requests</i>		
Principal Investigator (PI)	Date	Department Head	Date
		Dean/Director	Date
Office Use Only			
OVPR/OVPS Review & Approval _____	C&G Review & Approval _____	Copies: PI____ DH____ SP____ C&G____ Dept. Contact____ Agency____	
<small>Revised:04/2009</small>			