



Request For Grant Budget Change

Instructions on back

Part I: Project Identification

Institution _____

Address _____

Project Director(s) _____

Project Title _____

Award Amount _____ NCBC AGREEMENT NUMBER _____

Award Period _____ TO _____

Part II: Budget Information and Justification *Must attach justification statement.*

	A. APPROVED BUDGET	B. REQUESTED INCREASE INSERT - FOR (DECREASE)	C. REVISED BUDGET (A+/- B)
A. Personnel			
Salaries/Fringe Benefits	_____	_____	_____
Tuition/Stipends	_____	_____	_____
Honoraria	_____	_____	_____
Consultants	_____	_____	_____
B. Travel	_____	_____	_____
C. Materials and Supplies	_____	_____	_____
D. Equipment			
Over \$5,000	_____	_____	_____
Under \$5,000	_____	_____	_____
Repair/Maintenance/Lease	_____	_____	_____
E. Meeting Expenses	_____	_____	_____
F. Communications			
Printing/Mailing/Publicity	_____	_____	_____
On-line Services	_____	_____	_____
Postage/Freight	_____	_____	_____
G. Faculty Development			
Conference/ Reg. Fees	_____	_____	_____
Participant Expenses	_____	_____	_____
H. Curriculum Development	_____	_____	_____
I. User Fees	_____	_____	_____
J. Animal Care	_____	_____	_____
K. Contractual	_____	_____	_____
L. Other (Specify)	_____	_____	_____
TOTAL	_____	_____	_____

Part III: Signatures

PROJECT DIRECTOR SIGNATURE(S) _____ DATE _____

AUTHORIZED INSTITUTION SIGNATURE _____ DATE _____

For Biotechnology Center Use Only

APPROVED: CONTRACT AND GRANTS _____ DATE _____ COPY RETURNED _____

Instructions For Grant Budget Change Form

Budget changes that add or delete a budget category, or any change that increases the originally approved budget category by 10 percent or \$500, whichever is greater, requires prior approval of the Biotechnology Center. Changes in the equipment budget, including the purchase of additional items not in the approved budget, require prior approval. Request must be received prior to such change. Only two requests will be considered during any twelve-month period and no budget changes are permitted in the last 30 days prior to the grant end date.

Submit request to:

Contracts and Grants
North Carolina Biotechnology Center
P.O. Box 13547
Research Triangle Park, NC 27709-3547

Part I: Project Identification

The identifying data in Part I should be the same as those contained in the Grant Agreement.

Part II: Budget Information And Justification

Request must include a justification. Explain the changes requested and give reasons to support the proposed reallocation of funds. The fact that funds are expected to remain unobligated on the termination on date is not sufficient justification.

A. Approved Budget

For each category, show the amount as approved in your proposal budget (include all categories).

B. Requested Increase (Decrease)

For each category, show the requested change. A decrease in a category should be shown as a minus (-). The total of this column should be zero.

C. Revised Budget

This column should reflect the new budget (include all categories).

Part III: Signatures

Request must be signed by the Project Director(s) and the institution's authorized Fiscal Officer.