Request for Grant Budget Change

*Instructions on next page*

Part I: Project Identification

|  |  |
| --- | --- |
| Institution | Click here to enter text. |
| Project Director(s) | Click here to enter text. |
| Project Title | Click here to enter text. |
| Award Amount / NCBC Agreement No.  | $ Click here to enter text. / # Click here to enter text. |

Part II: Budget Information and Justification.
***Double click on the table to insert data.***  *Enter a brief explanation for the requested budget change in the box provided. Text will be limited.*

**

|  |
| --- |
| ***D. Justification***  |

**Part III: Signatures** *The information above is true and accurate to the best of my knowledge.*

|  |  |  |
| --- | --- | --- |
| PROJECT DIRECTOR SIGNATURE |  | DATE |
| AUTHORIZED INSTITUTION SIGNATURE |  | DATE |

**For Biotechnology Center Use Only:**

|  |  |  |  |
| --- | --- | --- | --- |
| APPROVED: CONTRACTS 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 original approved budget category by 10 percent or $500, whichever is greater, requires prior approval of the NC Biotechnology Center. Changes in the equipment budget, including the purchase of additional items not in the approved budget, also require prior approval. A budget change request must be received prior to any 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.

All budget change requests must be submitted via the NC Biotech funding portal at this link: <https://ncbiotech.fluxx.io>.

**Please send all questions to:**

NC Biotechnology Center

Contracts and Grants

E-mail: Contracts\_Grants@ncbiotech.org

Office Phone: 919-549-8807

### 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

1. **Approved Budget**

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

1. **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.

1. **Revised Budget**

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

1. **Justification**

Enter the budget change justification in the space provided. Briefly 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 date is not sufficient justification.

### Part IV: Signatures

Request must be signed by the project director and the institution’s authorized Fiscal Officer.