

## Budget Revision Authorization Request Form

---

### PROCEDURE

---

When the College agrees to accept the Terms and Conditions of a sponsored project, the Institution assumes significant legal and financial obligations. Therefore, it is imperative that the College foster a culture of fiduciary compliance for all sponsored projects (Policy 1.111).

The Office of Grants and Contracts (OGC) oversees and monitors all sponsored projects awarded to the College and interfaces with the applicable Principal Investigator (PI) (or Project Director [PD]), Vice President for Finance and Administration (VPFA), Budget Office, and Controller's Office to ensure award compliance (Policy 1.111).

A budget is the financial representation of a sponsor approved project. Deviations from a projects approved budget need to adhere and align with the Terms and Conditions of the award. Prior to contacting a sponsoring agency to request a budget revision the Principal Investigator PI / PD should acquire prior approval from the OGC (Policy 1.111).

The OGC will vet/assess the budget revision request and identify any concerns and/or pose any questions to the PI that the OGC may have regarding the request. The concerns and questions of the OGC will need to be sufficiently addressed before a formal Approval for a Budget Revision is granted to the PI.

Budget revision requests may require additional approvals from other College entities depending on the project scope, budget, and other requirements. The OGC will try to complete budget revision request within five (5) business days of receipt.

---

## INSTRUCTIONS

---



**Download** this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will NOT work correctly in your web-browser.**



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.

**1 2 3**

**Please complete each question in the order it appears on this form.** Some of the items on this form are dependent upon the answers to previous questions.



Mandatory fields and Mandatory Requirements on this form are highlighted in '**RED**'.



Use the '**GREY**' buttons to attach all required and / or additional documents to this form. **Each attachment should be easily identifiable by name and should be attached as a separate PDF (i.e., Do not combine all attachments into one PDF).**



Information icons have '**GREEN**' borders and '**BLUE**' circles.



Use the 'Save' icon to save the form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of this form.**



Use a **Digital Id Signature** when signing this Form.



Click the '**YELLOW**' button to pause routing of this document, and identify any modifications that may be needed.



Click the '**GREEN**' button to send this document to the next reviewer.

---

## BUDGET REVISION REQUEST

---

### BASIC INFORMATION

1. Name of Award:
2. Investigator Name:
3. Account Number:
4. OGC Tracking Number:
5. Anticipated Date of Revision:

### BUDGET REVISION JUSTIFICATION

6. Please provide a thorough justification for your budget revision request (Please note that your justification for the budget revision will be shared with the sponsoring agency).

7. Will the budget revision adhere and align with the Terms and Conditions of the identified award/contract?  
NO  
YES
8. Are any of the budget categories on the LC State account identified for this sponsored project currently over-spent?  
NO  
YES: Please estimate the amount of over-expenditure and explain.
9. Will approval of this budget revision request result in an over-expenditure of any budget category within the LC State account identified for this sponsored project?  
NO  
YES: Please estimate the amount of over-expenditure and explain.

#### **BUDGET REQUIREMENTS**

10. What type of 'Indirect Cost Rate' was applied to this sponsored project?
- LC State Negotiated Rate:  
Waived / Not Allowed  
Reduced
- Identify Rate:  
Limited to a 'Percentage of Total Direct Costs'  
Identify Rate:  
Limited to a 'Percentage of Total Award/Costs'  
Identify Rate:  
Identify 'Cost Amount Limit':  
'Direct Costs' cannot exceed:  
'Indirect Costs' cannot exceed:

**BUDGET INFORMATION**

Please meet with the Grants Financial Coordinator to determine the most up-to-date budget, as listed in the Colleges fiscal database. Changes in personnel costs may require additional documentation.

11. Please complete the budget revision matrix.

<b>Budget Revision</b>							<b>Budget Checks</b>			
<b>Expense Category</b>	<b>Indirect Allowed</b>	<b>Original Budget</b>	<b>Budget Spent</b>	<b>Current Budget</b>	<b>Budget Change</b>		<b>Revised Budget</b>	<b>% Change Across</b>		<b>Review Checks</b>
					<b>Decrease</b>	<b>Increase</b>		<b>Category</b>	<b>Budget</b>	
<b>Personnel</b>										
1										
2										
<b>Travel</b>										
1										
2										
<b>Materials &amp; Supplies (i.e., includes equipment less than \$5000)</b>										
<b>Capital Equipment (i.e., items greater than or equal to \$5000)</b>										
<b>Miscellaneous Expenses</b>										
1										
2										
<b>Sub-Awards</b>										
<b>Student Costs (e.g., tuition, scholarships, stipends, etc.)</b>										
<b>Participant Support Costs</b>										
<b>Direct Costs</b>										
<b>Indirect Costs:</b>										
<b>Subtotals:</b>										

12. Please attach any additional documents that may be needed to complete this budget adjustment request.

**ROUTING & APPROVALS**

**Note:** The preparer of this document is responsible for identifying all needed e-mail address. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

13. Is someone other than the PI/PD or Cardholder preparing this form (e.g., administrative assistant, etc.)?

NO  
YES

---

Signatory/Approver	LC State e-mail	Digital ID Signature	Action	
			Disapprove	Approve
Administrative Assistant, etc.:				
PI or PD				
PI or PD Supervisor:				

---

**GRANTS AND CONTRACTS OFFICE USE ONLY**

Date Received:

Received By:

Unique ID:

Date	Account	Number	ID
------	---------	--------	----

**Action**

Approve

Modifications Needed for Approval

Explanation:

Notes:

Action taken by:

File Name: