Williams College
Grant Revision/Budget Reallocation Request Form
Return this form to the Grants Office via email: grantsoffice@williams.edu

Project Investigator/Project Director (PI/PD) ____________________________ Department ____________________________
Project Title ____________________________
Funding Source ____________________________ Funder Award Number ____________________________
Williams PeopleSoft Account # ____________________________ Project Dates ____________________________ through ____________________________

Check the type of revision being requested and provide justification/rationale for why the change(s) is/are needed.

_____ extend the award period of performance
   Number of months ________
      _____ 1st extension with new end date of ________
      _____ 2nd extension with new end date of ________
      _____ 3rd extension with new end date of ________

_____ Budget revision
   _____ transfer of budgeted funds between direct cost categories
   _____ transfer of budgeted funds between direct cost and F&A/indirect cost categories
   _____ transfer of funds from participant support costs to other categories
   _____ Addition of the following costs that were not included in the budget approved by the funder
      _____ equipment purchase
      _____ participant support costs
      _____ other
      ____________________________________________________________
   Amount of funds to be reallocated ____________________________
   Move funds from ____________________________ to ____________________________

_____ Transfer a portion of the work under this award to a third party

_____ Incur pre-award costs within 90 days of start date of the award
   Total of pre-award costs to incur ____________________________ Reason: ____________________________

_____ change in scope of project activities

_____ change in key personnel

_____ PI/PD absence of more than 3 months or a 25% reduction of effort devoted to the project

_____ Other ____________________________

Justification for requested revisions (attach additional page if needed)
This justification should provide a rationale for the request that can be used when contacting the funder.
PI/PD Signature

To be completed by the Grants Office

Requested Changes

_____ Approved
_____ Not Approved

Grants Office Signature

Does the funder have to approve the changes or be notified of changes?

_____ Yes
_____ No

If yes

Date sent to funder ______________________
Person responsible ______________________
Funder response ____________________________ Date __________________________

Notes/comments