

NATIONAL INSTITUTES OF HEALTH PRIOR APPROVAL REQUEST FORM

FOR REBUDGETING ACTIVITY AT HIGH RISK OF INDICATING A CHANGE IN SCOPE

Instructions: Complete this form to request to rebudget an activity that is at high risk of indicating a change in scope.

Review GCO's [NIH Prior Approval Requirements and Rebudgeting Policy](#) for policy and procedure instructions including definition of terms. *If you are submitting a prior approval letter to the NIH for a change in scope, completion of this form is not necessary.*

Date: _____

NIH #: _____ GCO #: _____ Fund #: _____

Rebudgeting Activity - Check one.

- Significant Rebudgeting
- Research Patient Care Cost Incurrence
- Purchase of a Unit of Equipment Exceeding \$25,000

Justification - Justify the rebudgeting of funds explaining the item checked above and whether or not it constitutes a change in scope. Add pages as necessary.

Required Signatures

Principal Investigator (PI) _____ Date _____

The PI certifies that the prior approval request does not constitute a change in scope or the PI will be requesting a NIH prior approval request for a change in scope through the GCO.

Dept. Chair _____ Date _____ recommended not recommended
The Chair of the Department certifies that rebudgeting is necessary for the conduct of the project.

Sponsored Projects _____ Date _____ recommended not recommended
Finance Director

Authorized Organization _____ Date _____ recommended not recommended
Representative