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## **NIH PRIOR APPROVAL REQUIREMENTS and REBUDGETING POLICY**

Pre-award expenditures as well as certain post-award programmatic changes and budget revisions must have the prior approval of the Icahn School of Medicine at Mount Sinai (ISMMS) and/or the appropriate National Institute Health (NIH) Institute or Center (I/C).

This resource document is organized in the following sections.

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Failure to obtain required prior approval from the appropriate awarding NIH I/C may result in the disallowance of costs, termination of the award, or other enforcement action within NIH's authority.

## I. Table of Prior Approval Activities/Expenditures that Require ISMMS and/or NIH Approval

The information in the table below is primarily excerpted from section [8.1.2 Prior Approval Requirements](#) of the National Institutes of Health Grants Policy Statement (NIHGPS). In the activity or expenditure descriptions where ISMMS approval is blank and NIH is YES, the GCO reviews and endorses a communication prepared by the PI. On the rows where ISMMS approval is YES, there is another process that may be in addition to or in place of submitting a request letter to the NIH.

Activity or Expenditure	ISMMS Prior Approval	NIH Prior Approval
Alterations and Renovations (A&R)		YES
Under the following circumstances:		
<ul style="list-style-type: none"> <li>- Rebudgeting into A&amp;R costs exceeding 25% of the total approved budget for a budget period.</li> <li>- If rebudgeting would not meet threshold above, but would result in a change in scope.</li> <li>- Any single A&amp;R project exceeding \$500,000.</li> </ul>		
Capital (i.e., construction, land, or building) Acquisition		YES
Also, any proposals to convey, transfer, assign, mortgage, lease or in any other manner encumber real property acquired with NIH funds.		
Carryover of Unobligated Balances		No, unless Notice of Award (NOA) indicates that the recipient does <u>not have the authority</u> to automatically carry over unobligated funds.
Change in Data Management and Sharing Plan		YES
Change in Scope		YES
Change of Recipient Organization (e.g., transfer applications)		YES
Change in Status of the PD/PI or Senior/Key Personnel Named in the NOA:		YES
Under the following circumstances:		
<ul style="list-style-type: none"> <li>- Withdrawal from the project</li> <li>- Absence for any continuous period of 3 months or more</li> <li>- Reduction of level of effort devoted to project by 25 percent or more from what was approved in the initial competing year award.</li> </ul>		
Deviations from Award Terms and Conditions		YES
Includes undertaking any activities disapproved or restricted as a condition of the award.		
Foreign Component Added to a Grant to a Domestic or Foreign Organization		YES
Multiple PI Plan or Status Change		YES
Includes changes to the plan as described in the competitive application <u>or</u> a change to the Multiple PI status including number of PIs or the make up.		
Need for Additional NIH funding		YES

(i.e., supplements, "Revision applications")		
No-Cost Extension (NCE): Initial (does not apply to K99 awards; late requests, see below)	YES	NO
No Cost Extension: Additional NCEs after initial request or late notification of initial NCE		YES
Pre-Award Costs	YES, if PI requests a fund # for award prior to receiving the NOA.	YES, if greater than 90 days prior to start date of new/ competing awards.
Rebudgeting Activity at High Risk of Indicating a Change in Scope  Under the following circumstances: - Significant Rebudgeting - Research Patient Care Cost Incurrence - Purchase of a Unit of Equipment Exceeding 25,000	YES	May require NIH Approval.
Rebudgeting Funds from Trainee Costs (stipends, tuition, and fees) to Other Expense Categories		YES
Retention of Research Grant Funds (i.e., from a R series or other research grant) when a Career Development Award (i.e., K series) is Issued		YES
Subawards Based on Fixed Amounts		YES
Travel: Foreign Travel (Outside of the U.S. and Canada.)	YES, via <a href="#">Sinai Central</a>	NO, unless change in scope or addition of foreign component

## II. Prior Approval Procedures

NIH prior approval procedures included in this section were adapted from the [NIHGPS section 8.1 "Changes in Project and Budget"](#) and the [Prior Approval module](#) of eRA Commons Help. This section provides technical requirements of the request.

**NIH prior approval requests must be made no later than 30 days prior to the proposed change.**

### A. Submission and Review Process

There are two submission methods to the NIH: 1. Letter/E-Mail; 2. eRA Commons Prior Approval Module. Please check with your [designated GCO Grants Specialist](#) on the preferred method (i.e., email or eRA Commons).

Below are the steps that apply to both submission methods.

- Email the documents to your Grants Specialist for review.
- Your [designated Authorized Organization Representative](#) endorses the request.
- GCO sends request to the NIH.
- The NIH GMS reviews the request and provides a response to the AOR indicating the final disposition of the request with copies to the PI and NIH PO.

1. Email Communication

- Please see steps above.
- Address request letter or email to your NIH Grants Management Specialist (GMS) and Program Officer (PO). Contact information is also provided in each NOA and available by logging into [eRA Commons](#) and locating your award.

**Only responses provided by the GMS are considered valid. Recipients that proceed on the basis of actions by unauthorized officials do so at their own risk, and NIH is not bound by such responses.**

2. eRA Commons Prior Approval Module

The [Prior Approval module](#) allows institutions to submit prior approval requests via eRA Commons. See submission steps above, which are common to both email/letter and prior approval requests. The designated [AOR](#) logs in to eRA Commons and initiates, uploads the documentation, and submits the request in the [Prior Approval module](#). The PI/Delegate do not initiate the request in Commons.

When the request is submitted on the Prior Approval Module, below are the additional details and documents required for each request. Please send the all required documentation to the GCO as separately as they are also uploaded separately as well.

- a. No Cost Extensions

Most grants allow an automatic No-Cost Extension via the Extension link in the Status module. *The NIH temporarily disabled this function in eRA Commons in May 2025 and restored it August 2025. See NIH notice [No-Cost Extension Functionality in eRA NOT-25-142](#) for more information.*

If the grant is not eligible for the automatic extension, the Prior Approval module can be used. In this case, please continue with these instructions.

Submit the following details about the no cost extension to the GCO:

- Number of Months
- Amount of Unobligated Balance
- Does PI Maintain Measurable Effort? Y/N

Submit the following documents to the GCO:

- Progress Report
- Budget and Budget Justification Document  
Use [PHS 398](#), [2590](#) or [SF424](#) forms. Please include the “checklist” page for the F&A amount when using the 398 or 2590 forms
- Justification Document - Include a scientific justification for the extension.

Projects with continuing subawards must also include the following documents:

- Signed Statement of Intent to Establish a Consortium Agreement
- Statement of Work (SOW) or a confirmation statement from the PI that the SOW has not changed.
- Detailed Budget and Budget Justification  
Use [PHS 398](#), [2590](#) or [SF424](#) forms. Please include the “checklist” page for the F&A amount when using the 398 or 2590 forms

#### No Cost Extension eRA Commons Screenshots

The screenshot shows the 'Request Details' and 'Progress Report' sections of the eRA Commons interface. The 'Request Details' section includes fields for Request ID (22001), Number of Months (1), Proposed Budget Period End Date, Proposed Project Period End Date, Amount of Unobligated Balance, Does PI Maintain Measurable Effort, and Vertebrate Animals - IACUC Approval Date. The 'Progress Report' section contains fields for attaching a PDF file and a large text area for the report itself.

#### b. Change in Data Management and Sharing Plan (DMSP) Revision

For NIH awards, the “Data Management and Sharing Plan (DMSP) Revision” option provides a way for signing officials to submit prior approval requests for changes to an approved Data Management and Sharing (DMS) Plan for an NIH award.

Submit the following details about the change to the GCO:

- Description
- Effective Date

Submit the following documents to the GCO:

*excerpt from NIH [NOT OD-24-176](#).*

- Justification Document  
Provide the rationale and justification for the requested changes.
- Budget Document  
Provide if the revised DMS Plan impacts the budget. Include information for current and future budget periods. Note: This is not a supplement request.
- Other Supporting Documents  
Attach the revised DMS Plan.
- All uploaded documents must be in PDF format.

## Prior Approval Request DMS Request – Modify Request eRA Commons Screenshot

Prior Approval |

**Prior Approval Request DMS Request - Modify Request** 

\* Required Fields

**Application Information**

PD/PI Name Potter, Harry	Grants Management Specialist Dumbledore, Albus eRATest@mail.nih.gov 555-555-7315	Program Official Snape, Severus eRATest@mail.nih.gov
PD/PI User ID WIZARD_HARRY		
Grant #: IUI9RA010101-01	Application Title Long Term Effects of Shape-Changing	
Institution UNIVERSITY OF HOGWARTS	Budget Period 08/12/2024 - 07/31/2027	Project Period 08/12/2024 - 07/31/2027

**Request Details**

Request ID: 55535  
Effective Date \*

Enter the effective date of the requested changes.  
mm/dd/yyyy:

**Justification Document \***

Provide the rationale and justification for the requested changes.

 Drop file or browse to attach up to 1 PDF file(s), not exceeding 6MB per file.

**Budget Document**

Provide if revised DMS Plan impacts the budget. Include information for current and future budget periods. Note: this is not a supplement request.

 Drop file or browse to attach up to 1 PDF file(s), not exceeding 6MB per file.

**Proposed DMS Plan Document \***

Attach the revised DMS Plan.

 Drop file or browse to attach up to 1 PDF file(s), not exceeding 6MB per file.

[Request History](#)

Cancel  Delete  Save  Submit

## c. Carryover Requests

Submit the following details to the GCO:

- Amount of Funds to be Carried Over

Submit the following documents to the GCO:

- Explanation of Unobligated Balance
- Detailed Budget
- Scientific Justification

## Carryover Request eRA Commons Screenshot

**Request Details**

Request ID: 22002

Amount of Funds to be Carried Over \*

**Explanation of Unobligated Balance \***

 Drop file or browse to attach 1 PDF file, not exceeding 6MB.

**Detailed Budget \***

 Drop file or browse to attach 1 PDF file, not exceeding 6MB.

**Scientific Justification \***

 Drop file or browse to attach 1 PDF file, not exceeding 6MB.

d. Change of PI/PI

Submit the following details about the change to the GCO:

- Name of new PD/PI(s)
- If this is a MPI grant, will the new PI be the Contact PD/PI
- Level of Effort
- Effective Date
- Confirmation that Human Subjects Education is up to date for the PI(s) on this request

Submit the following documents to the GCO:

- Biosketch
- Other Support
- Justification

Change of PD/PI eRA Commons Screenshot

Requested PD/PIs		PD/PI Name	PD/PI ID	Contact PD/PI	Cal	Aca	Sum	Bio Sketch	Other Support
Dole, Agi		ABDOLE	***	<input checked="" type="checkbox"/> Yes					
Effective Date	mm/dd/yyyy	Modify	Delete	Human Subjects Education is up to date for the PI(s) on this request *					

Justification Document \*

#### B. PI and Multiple PI (MPI) Approval

Include the PI's approval when submitting to the GCO. PI/PD (i.e., Project Director) signature is not required as part of the submission to the NIH. However, the GCO must secure and retain such approval for each prior approval request and make it available to NIH or other authorized Department of Health and Human Services (DHHS) or Federal officials upon request. This requirement applies to all PI/PDs in a Multiple PI grant.

#### C. Grants with Subawards

Prior approval responsibility is usually with the prime recipient. However, the prime recipient may not approve any action or cost that is inconsistent with the purpose or terms and conditions of the NIH grant. If an action by a subawardee will result in a change in the overall grant project or budget requiring NIH approval, the prime recipient must obtain approval from the NIH before giving its approval to the subawardee.

### III. Policies and Procedures

This section includes policy, procedure and guidance information from the NIH, the Grants and Contracts Office, and Sponsored Projects Finance on prior approval activity and expenditures.

#### A. Carryover of Unobligated Balances

Carryover is a process through which unobligated funds remaining at the end of the budget period can be carried forward to the next budget period. Refer to GCO Memo "[NIH Prior Approval: Guidance for Grants that Do Not Allow for Automatic Carryover of Funds](#)."

#### B. Rebudgeting Activity at High Risk of Indicating a Change in Scope

Complete the GCO Form "[NIH Prior Approval Request Form for Rebudgeting Activity at High Risk of Indicating a Change of Scope](#)."

Under the following circumstances:

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

*If you are submitting a prior approval letter to the NIH for a change in scope, completion of this form is not necessary.*

Please see [Change of Scope](#) information in the definitions section.

#### C. Change in Status of the PI/PD or Senior/Key Personnel Named in the NOA

The request for approval of alternate PI/key personnel should include:

- A justification for the change

- Biographical sketch of the individual proposed
- Other sources of support
- Any budget changes resulting from the proposed change

D. Change in Recipient Organization

When transferring an award from ISMMS,

- Contact Sponsored Projects Accounting (SPA) to prepare a relinquishing statement to effect the transfer. Notify SPA prior to effective date. Expenditures beyond approved budget must be reconciled prior to transfer.
- Submit InfoEd application to close out project. A PI may also submit as a new, unfunded project if he/she wishes to continue the research at ISMMS and retains a faculty appointment.
- Submit change of grantee application through new institution under Funding Opportunity Announcement ([PA-24-254](#)). Do not submit a prior approval letter as described in this section above.
- Complete [PI Exit Checklist](#).

E. Change in Data Management and Sharing Plan

*Excerpted from [NIH DMS Website](#)*

Post-Award Plan Revisions:

Although investigators submit plans before research begins, plans may need to be updated or revised over the course of a project for a variety of reasons for example, if the type(s) of data generated change(s), a more appropriate data repository becomes available, or if the sharing timeline shifts. If any changes occur during the award or support period that affects how data is managed or shared, investigators should update the Plan to reflect the changes.

It may be helpful to discuss potential changes with the Program Officer. In addition, the funding NIH ICO will need to approve the updated Plan. NIH staff will monitor compliance with approved DMS Plans during the annual RPPR process as well.

For more details, please refer to the NIH Notice, [Updated Processes for Requesting Revisions to an Approved Data Management and Sharing \(DMS\) Plan \(NOT-OD-24-176\)](#).

F. Foreign Component Added to a Grant to a Domestic or Foreign Organization

Effective May 1, 2025, which is the date of NIH Notice, [Updated NIH Policy on Foreign Subawards \(NOT-OD-25-104\)](#) and until the details of the new foreign collaboration award structure are released, NIH will not issue awards to domestic or foreign entities (new, renewal or non-competing continuation), that include a subaward to a foreign entity. Additionally, NIH will no longer accept prior approval requests to add a new foreign component or subaward to an ongoing project.

G. No Cost Extension

Refer to GCO Memo “[No-Cost Extension Application Policies and Procedures](#).”

Complete optional GCO form “[NIH Initial No Cost Extension Request and Progress Reports](#).”

H. Pre-Award Costs

Complete “[Prior Approval Request Form for Establishment of a Fund Number Prior to Award](#)” if the NIH has not yet issued the NOA and

it is likely to be less than or exactly 90 days prior to start date of a new/ competing award or

it is a transfer application.

Remember: Only complete the form if the PI is requesting a fund number for the award prior to the NIH issuing the NOA.

I. Travel: Foreign Travel outside of the U.S. and Canada

Submit request on [Sinai Central](#) before the trip and read GCO’s Memo “[Foreign Travel Request Reminder](#)” for additional instructions.

J. Removal or Disciplinary Action Involving Program Directors/Principal Investigators or other Senior/Key Personnel

*Excerpt from [NIH Notice NOT-OD-22-129](#)*

When recipient institutions request prior approval for changes in PD/PI or other Senior/Key personnel or for a change in recipient institution, requests should include mention as to whether change(s) are related to concerns about safety and/or work environments (e.g., due to concerns about harassment, bullying, retaliation, or hostile working conditions) (see NIH GPS [8.1.2.6](#) and [8.1.2.7](#)).

NIH recipient institutions are required to notify NIH when individuals identified as PD/PI or other Senior/Key personnel in an NIH notice of award are removed from their position or are otherwise disciplined by the recipient institution due to concerns about harassment, bullying, retaliation or hostile working conditions. Notification must be provided by the Authorized Organization Representative within 30 days of the removal or disciplinary action and must be submitted to NIH through a [dedicated web form](#).

All required notifications must include, at a minimum, the name of the Authorized Organization Representative submitting the notification, the name of the individual of concern, a description of the concerns, the action(s) taken, and any anticipated impact on the NIH-funded award(s). If it is determined that the concerns shared with NIH will impact the PD/PI or senior key personnel's ability to continue as the scientific lead of the project, NIH will require prior approval for a replacement PD/PI or senior key official.

#### IV. Definitions

The following commonly used terms in the prior approval process are defined in GCO's [Glossary of Common Terms](#):

- Key Personnel
- No Cost Extension
- Revision Application ("Need for Additional Funding")
- Transfer Applications (Change of Recipient Application")

Below are definitions of other common terms, excerpted primarily from [Section 1.2 "Definition of Terms"](#) of the NIHGPS. This section also includes

Term	Definition
Allowable Cost	A cost incurred by a recipient that is: (1) reasonable for the performance of the award; (2) allocable; (3) in conformance with any limitations or exclusions set forth in the Federal cost principles applicable to the organization incurring the cost or in the NOA as to the type or amount of cost; (4) consistent with regulations, policies, and procedures of the recipient that are applied uniformly to both federally supported and other activities of the organization; (5) accorded consistent treatment as a direct or indirect cost; (6) determined in accordance with generally accepted accounting principles; and (7) not included as a cost in any other federally supported award (unless specifically authorized by statute).
Alteration and Renovation	Work that changes the interior arrangements or other physical characteristics of an existing facility or of installed equipment so that it can be used more effectively for its currently designated purpose or adapted to an alternative use to meet a programmatic requirement. See also definitions for Major A&R and Minor A&R.
Carryover	Unobligated Federal funds remaining at the end of any budget period that, with the approval of the Grants Management Officer (GMO) or under an automatic authority, may be carried forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover.
Change in Scope	A change in the direction, aims, objectives, purposes, or type of research training, identified in the approved project. Please see <a href="#">complete information below</a> .
Clinical Trial	A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes. See complete definition in <a href="#">Section 1.2 "Definition of Terms"</a> of the NIHGPS.
Expanded Authorities	This is a term the NIH no longer uses, but still commonly referred to, to describe certain activities in which the NIH does not require their prior approval. Activities once considered under "Expanded Authorities" are now incorporated into NIH's Standard Terms of Award as an automatic authority unless the NOA indicates otherwise.

Foreign Component	<p>The performance of any significant scientific element or segment of a project outside of the United States, either by the recipient or by a researcher employed by a foreign organization, whether or not grant funds are expended. Activities that would meet this definition include, but are not limited to, (1) the involvement of human subjects or animals, (2) extensive foreign travel by recipient project staff for the purpose of data collection, surveying, sampling, and similar activities, or (3) any activity of the recipient that may have an impact on U.S. foreign policy through involvement in the affairs or environment of a foreign country.</p> <p>Examples of other grant-related activities that may be significant are: collaborations with investigators at a foreign site anticipated to result in co-authorship; use of facilities or instrumentation at a foreign site; or receipt of financial support or resources from a foreign entity.</p> <p>Foreign travel for consultation is not considered a foreign component.</p>
Notice of Award (NOA)	<p>The official, legally binding document, signed (or the electronic equivalent of signature) by a Grants Management Officer that:</p> <ul style="list-style-type: none"> <li>(1) notifies the recipient of the award of a grant;</li> <li>(2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and,</li> <li>(3) provides the documentary basis for recording the obligation of Federal funds in the NIH accounting system.</li> </ul>
Pre-Award Cost	<p>Any cost incurred prior to the beginning date of the project period or the initial budget period of a competitive segment (under a multi-year award), in anticipation of the award and at the applicant's own risk, for otherwise allowable costs.</p>
Research Patient Care Costs	<p>Costs of routine and ancillary services provided by hospitals to participants in research protocols.</p>
Significant Rebudgeting	<p>Significant rebudgeting is one indicator of a change in scope.</p> <p>A threshold that is reached when expenditures in a single direct cost budget category deviate (increase or decrease) from the categorical commitment level established for the budget period by more than 25 percent of the total costs awarded.</p> <p>The base used for determining significant rebudgeting excludes the effects of prior-year carryover balances but includes competing and non-competing supplements.</p> <p>Significant rebudgeting does not apply to modular grants.</p> <p><b>Example:</b> If the award budget for total costs is \$200,000, any rebudgeting that would result in an increase or decrease of more than \$50,000 in a budget category is considered significant rebudgeting.</p>

### Change in Scope

A change in scope is an activity that requires both ISMMS and NIH prior approval. The term is complex and warrants its own section in this document. The NIH defines a change in scope as “a change in the direction, aims, objectives, purposes, or type of research training, identified in the approved project.”

The NIH includes, but does not limit, the following activities as potential indicators of a change in scope:

1. Specific Aims Change

Change in the specific aims approved at the time of award.

*GCO strongly advises consultation with the NIH in this instance.*

2. Animal Model Substitution

Substitution of one animal model for another.

3. Vertebrate Animals Change

Change from the approved use of live vertebrate animals.

4. Human Subjects Changes Resulting in Increased Risk

Change from the approved involvement of human subjects that would result in an increased risk.

This includes:

- o An addition or change that would result in changing the overall human subjects or clinical trial designation of the award;
  - From non-human subjects research to human subjects research (exempt or non-exempt);
  - From exempt to non-exempt human subjects research; or

Please note that effective January 25, 2018, changes from “No Clinical Trial” to “Includes a Clinical Trial” is not a prior approval request. Rather the inclusion of a clinical trial requires the submission of a competitive revision (i.e., “supplement”) application to the NIH under a Notice of Funding Opportunity (NOFO) that accepts clinical trials. See NIH notice [NOT-OD-17-043](#) for further information. See definition of clinical trial.

- o The new inclusion of subject populations that are covered by additional regulatory protections under 45 CFR 46 B, C, or D (pregnant women, human fetuses, and neonates; prisoners; or children;
- o Any change to the study protocol that would increase the risk level for subjects including physical, psychological, financial, legal or other risks. This could include the addition of a new study population that would be at a higher risk from existing research procedures, the addition of new study procedures that are greater than minimal risk, any modification of existing study procedures that would increase overall risk, or the addition of a new clinical study or a new clinical trial intervention arm not originally proposed that is greater than minimal risk.
- o New information indicating a higher level of risk to participants than previously recognized for a study intervention, procedure, or pharmacological treatment.

5. Research Emphasis Shift From One Disease Area to Another

6. FDA Clinical Hold of a Study Involving an IND or an IDE
7. New Technology Application

Application of a new technology, e.g., changing assays from those approved to a different type of assay.
8. Transfer of the Performance of Substantive Programmatic Work to a Third Party through a Consortium Agreement, by Contract, or Any Other Means

*If the third party is a foreign component, NIH prior approval is always required.*
9. Change in Other Senior/Key Personnel Not Specifically Named in the NOA
10. Significant Rebudgeting, whether or not the particular expenditure(s) require prior approval. See definition.
11. Research Patient Care Costs Incurrence

If costs in that category were not previously approved by NIH or if a grantee desires to rebudget additional funds beyond those approved into or rebudget funds out of the research patient care category.
12. Purchase of a Unit of Equipment Exceeding \$25,000