



**NIH 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.

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**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