



## AWARD ACTION FORM

This Award Action Form (AAF) is designed to collect information required for compliance with sponsor and institutional requirements when requesting changes on a sponsored project. The information provided on this form must be correct and adhere to UT Fiscal Policy, project regulations, and applicable federal regulations.

**DIRECTIONS:** The form must be completed by the Business Manager/Principal Investigator and received **prior to** the changes/expenditures happening. Please return the completed form to the Office of Sponsored Programs (OSP) at [aggrant@utk.edu](mailto:aggrant@utk.edu).

### A. PROJECT INFORMATION:

Lead Principal Investigator: \_\_\_\_\_

Department Business Manager Name & Email: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Cayuse Proposal and/or Award "A" #: \_\_\_\_\_

WBS Element and Child Account/s (if applicable) #: \_\_\_\_\_

Project Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### B. INDICATE THE ITEM(S) BEING REQUESTED FOR THIS SUBMISSION (select all that apply - detailed justifications required)

No-Cost Time Extension (NCTE) – must complete section 1

Senior/Key Personnel Change – must complete section 2

Budget Revisions (Rebudget) – must complete section 3

#### 1. No-Cost Time Extension (NCTE)

a. Requested revised end date:

b. Are Subrecipients included in this NCTE?      Yes      No      If yes, provide Sub names that require extension:

c. Detailed Justification – Reason why the project will not be completed in the awarded timeframe:

- d. Estimated unobligated funds (direct & indirect) as of current Project End Date \$
- e. How you plan to use the remaining funds:
- f. How the extension would benefit the project and completing the scope of work:

## 2. Senior/Key Personnel Change

- a. Detailed Justification to include which personnel are being changed, added or removed, and how this change will impact the scope of work:
- b. Attach Biographical Sketch for added personnel.

## 3. Budget Revisions (Rebudget)

- a. Attach copies of any sponsor approval documentation already received.
- b. Attach completed Restricted Budget Form T-1, which is available at the following link: [http://utiaspa.tennessee.edu/wp-content/uploads/sites/266/2023/09/T-1\\_Form-for-Departments\\_Corrected.xls](http://utiaspa.tennessee.edu/wp-content/uploads/sites/266/2023/09/T-1_Form-for-Departments_Corrected.xls) **Please note that OSP does not check ledger balances or G/L cost line item charges. Please check account and line item balances prior to requesting budget revisions.**
- c. Detailed Justification  
*NOTE 1: Justification is required for why funds are no longer needed in the original budget G/L cost line item category and why they are necessary in the different G/L cost line item category.*  
*NOTE 2: Reasons such as revised budget to accommodate expenditures, budget category out of balance, money left over, or correct projected shortfall, are not sufficient justifications to revise the budget.*

I request the actions on this form and certify that the information on this form is correct and it adheres to the regulations of the project.

\_\_\_\_\_  
*Lead Principal Investigator Signature*

\_\_\_\_\_  
*Date*

----- **BELOW THIS LINE IS FOR OSP USE ONLY** -----

Database Number: \_\_\_\_\_

OSP Award Coordinator Name: \_\_\_\_\_

Is sponsor prior approval required for this requested action?      Yes      No

Approved:

Sponsor approval given to OSP on \_\_\_\_\_ and attached to this form  
Falls under institutional expanded authority

Not Approved:

Not allowed by Sponsor  
Insufficient justification provided  
Other: \_\_\_\_\_

Other:

Internal-only change. No further action required by the OSP Award Coordinator.

Date forwarded to the Business Manager/PI and Sponsored Programs Accounting: \_\_\_\_\_