

**GRANT ACTION FORM**

This form is to be used when a change is requested on a grant that has been accepted by the University.

DIRECTIONS: The Principal Investigator / Project Director (PI/PD) must sign this form upon completion and submit the form via email to the Office of Research, Grants, and Sponsored Programs (ORGSP) before changes requested occur. Once completed, please forward this form to [Emily.gambrel@lmunet.edu](mailto:Emily.gambrel@lmunet.edu)

**A. Grant and PI/PD Information**

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

Sponsor / Granting Agency: \_\_\_\_\_

Grant Account Number: \_\_\_\_\_

Project Period of Performance: \_\_\_\_\_

Additional Identifying Information: \_\_\_\_\_

**B. Changes Requested** (select all that apply)

No Cost Extension – *complete section 1*

Senior/ Key Personnel Change – *complete section 2*

Budget Reallocation – *complete section 3*

1. No Cost Extension

a. Is this the first extension request for this project?  Yes  No

b. Please Provide Detailed Justification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. If this request is submitted after the sponsor's required request date for changes, please provide additional justification as to why the request is late:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



d. Scope of Work to be completed during the extension period:

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2. Senior/ Key Personnel Change

a. Please Provide Detailed Justification:

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3. Budget Reallocation

**NOTE:** You must check the grant account within self-service or contact [Emily.gambrel@lmunet.edu](mailto:Emily.gambrel@lmunet.edu) to ensure funds are available.

- a. Attach copies of sponsor approval already received.
- b. Attach a completed Budget Change Form, available on ORGSP forms page.
- c. Please Provide Detailed Justification:

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\_\_\_ I certify that the information detailed on this form is correct and am requesting for the above listed changes in part B be made.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date



Lincoln Memorial University

Office of Research, Grants, and Sponsored Programs  
Grant Lee 107  
6965 Cumberland Gap Parkway  
Harrogate, TN 37752

----- FOR ORGSP USE ONLY -----

**Approved:**

\_\_\_ Sponsor approval given to ORGSP on \_\_\_\_\_ and attached to this form.

**Not Approved:**

\_\_\_ Not allowed by Sponsor

\_\_\_ Insufficient Justification/Documentation Provided

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Principal Award Grants Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director ORGSP Signature

\_\_\_\_\_  
Date