UNION COLLEGE BUDGET REALLOCATION/TRANSFER APPROVAL FORM

Purpose: for transferring and/or reallocating funds between awarded budget categories.

Instructions: Principal Investigators (PIs) must work in consultation with the Controller's Office and the Grants Office to transfer funds from one budget category to another of an awarded grant budget. The Controller's Office and Grants Office review the request to determine if the changes are allowable per institutional policy, grantor policy, and the award terms and conditions.

Please note that certain budget modifications may require funding-agency approval (please see <u>Research Terms and</u> <u>Conditions Appendix A: Prior Approval Matrix</u>). If grantor approval is required, PIs must work in consultation with the Grants Office to initiate an official request that aligns with the grantor's guidelines and policies.

| A. GRANT INFORMATION | | | | | | |
|--------------------------------------------------------------------------------------------------|---------------------------|--------------------------|------------------|-------------|--------------|---------------|
| PI: | | | Workday ID: | | | |
| Sponsor: | | | Agency Award ID: | | | |
| Project Title: | | | | | | |
| B. REQUEST DETAILS | | | | | | |
| Is this reallocation/transfer request related to a change in project objectives or scope? Yes No | | | | | | |
| Amount | | | | Budg | get Category | /Project Task |
| \$ | Move fr | om: | | Move to: | | |
| \$ | Move fr | om: | | Move to: | | |
| \$ | Move fr | om: | | Move to: | | |
| \$ | Move fr | om: | Move to: | | | |
| \$ | Move fr | om: | | Move to: | | |
| Total Amount of Request: \$ Percentage of Tot | | | | al Grant Aw | ard: | % |
| C. REALLOCATIC | | | | | | |
| PI Signature: | | | | Date: | | |
| D. APPROVALS | | | | | | |
| GRANTS OFFICE | | | | | | |
| Approved: Yes | No | o If no, please explain: | | | | |
| Name: Signature: | | | | | Date: | |
| CONTROLLER'S OFFICE | | | | | | |
| Approved: Yes | No If no, please explain: | | | | | |
| Name: Signature: | | | | | Date: | |