SAMPLE PRIOR APPROVAL FORM

NEH Grant Number: ___________________________ Other Identifying #: ___________________________

Project Director: ____________________________________________________________

Current Grant Period: From ___________________________ To ___________________________

Requested by: __________________________________ Date of Request: ___________

(if other than project director)

Check the type of change that is being requested and explain why the change(s) is needed in the space provided on the reverse side of this form.

*The grantees institution is authorized to approve the items which are asterisked.*

[ ]  EXTEND THE GRANT PERIOD

  Number of months __________

  *( ) 1st extension of 12 months or less
  *( ) 1st extension exceeding 12 months
  *( ) 2nd extension

A one-time extension of up to 12 months can be made if additional time is required to complete the original scope of the project with funds already made available. At least thirty days before the grant is scheduled to expire, the Office of Grant Management must be informed in writing of the new expiration date and the reason the grant had to be extended. A second request or a request to extend the grant for more than twelve months must include a detailed justification for the extension, an estimate of the unexpended funds and a plan of work for activities that will be undertaken during the requested extension period.

[ ]  BUDGET REVISION

  *( ) Transfer of budgeted funds between direct cost categories.
  *( ) Transfer of budgeted funds between direct and indirect costs.
  *( ) Addition of the following costs that were not included in the budget approved by NEH.
  __ foreign travel,
  __ equipment purchase,
  __ stipends and travel allowances for participants at conferences, symposia, and training projects,
  __ publication and printing costs.
  ( ) Transfer to a third party of a portion of work under this grant.
  ( ) Addition of costs that are specifically disallowed by the terms and conditions of the grant award.
  ( ) Transfer of funds from stipends or training allowances to other budget categories.

[ ]  *INCUR PREAWARD COSTS WITHIN 90 DAYS OF THE BEGINNING DATE OF THE GRANT.

[ ]  CHANGE IN PROJECT ACTIVITIES THAT AFFECT SCOPE

Written NEH approval is needed before a grantee may make a change in project activities that affects in any way the purpose of the grant, the subject matter, the treatment of the subject matter, the historical time frame of the project, the volume of material that is to be treated/studied, or the products that are expected to result from grant activities. In making such a request, the grantee should understand that NEH's authority to approve changes that affect the scope of a project is limited by its legislation and appropriation law. (Explain in detail why a change in project activities is necessary and what change is proposed).
[ ] CHANGE IN KEY PROJECT PERSONNEL

The replacement of the project director, the co-director, or other project personnel whose replacement is restricted in the grant award or a substantial reduction in the level of their effort (e.g., their unanticipated absence for more than three months, or a twenty-five percent reduction in the time devoted to the project) requires prior written approval from NEH. (Evidence of the qualifications of replacement personnel must be provided).

[ ] OTHER CHANGE

Explanation/justification of requested changes. (Use attachment if additional space is needed).

REQUESTED CHANGES

( ) APPROVED \hspace{1cm} ( ) NOT APPROVED

(signature) \hspace{1cm} (title) \hspace{1cm} (date)

DOES NEH HAVE TO APPROVE REQUEST OR BE NOTIFIED OF CHANGE? ( ) YES ( ) NO
IF YES, DATE SENT ____________