

## AMENDMENT REQUEST FORM



**Date of Request:** Click or tap to enter a date.

**Principal Investigator (PI) Name:** Click or tap here to enter text.

**PI Email:** Click or tap here to enter text.

**Organizational Representative (OR) Name:** Click or tap here to enter text.

**OR Email:** Click or tap here to enter text.

**Date of Award:** Click or tap to enter a date.

**Project End Date:** Click or tap to enter a date.

**Project Title:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**AANAF Grant Number:** Click or tap here to enter text.

### I WOULD LIKE TO REQUEST:

☐ Reallocation of funds

☐ Increase in funds (same scope; costs unanticipated at time of application)\*

☐ Change in scope (e.g., aims, design, sample)

☐ Change in Principal Investigator/Key Personnel

☐ Change in Organization

☐ No-cost extension\*\*      **Proposed revised end date:** Click or tap to enter a date.

☐ Other (please describe): Click or tap here to enter text.

*\* Applicants desiring new funds to extend the current scope are required to submit a Supplemental Funding Request Form.*

*\*\* No-cost extensions must be requested for approval at least 90 days prior to the end of the budget/project period.*

**JUSTIFICATION**

*Provide a detailed justification for the request, not exceeding one page, including any implications for project timeline. If reallocation of funds is requested, provide the initial approved budget and a revised budget using the AANA Foundation form.*

**PROGRESS  
REPORT**

*Provide a description of progress to date, including any accomplishments, products, and challenges faced. Provide an update on funds expenditure.*