

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	<p><i>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.</i></p>
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PROGRESS REPORT	<p><i>Provide a description of progress to date, including any accomplishments, products, and challenges faced. Provide an update on funds expenditure.</i></p>
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