

## AWARD ACTION FORM

This Award Action Form (AAF) is designed to collect information required for compliance with sponsor and institutional requirements when requesting changes on a sponsored project. The information provided on this form must be correct and adhere to UT Fiscal Policy, project regulations, and applicable federal regulations.

**DIRECTIONS:** The form must be signed by the Lead Principal Investigator and received prior to the changes/expenditures happening. Please return the signed copy of this form to the Division of Research Administration (DRA) at [osp@utk.edu](mailto:osp@utk.edu).

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**A. DEPARTMENTAL INFORMATION:**

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

Departmental Administrative Name & Phone: \_\_\_\_\_

**B. PROJECT INFORMATION:**

Sponsor Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Cayuse Proposal and/or Award "A" #: \_\_\_\_\_

WBS Account #: \_\_\_\_\_

Project Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**C. INDICATE THE ITEM(S) BEING REQUESTED FOR THIS SUBMISSION (select all that apply - detailed justifications required)**

- ☐ No Cost Time Extension (NCTE) – *must complete section 1*
- ☐ Additional Direct Costs – *must complete section 2*
- ☐ Senior/Key Personnel Change – *must complete section 3*
- ☐ Budget Revisions (Rebudget) – *must complete section 4*
- ☐ Incurrence of Costs (for sponsors such as ORNL and Y-12) – *must complete section 5*
- ☐ Pre-Award Costs (for sponsors such as NSF, DOE, DOD, and NASA) – *must complete section 5*

**1. No Cost Time Extension (NCTE)**

a. Is this the first extension request for this project? ☐ Yes ☐ No If No, Request #: \_\_\_\_\_

b. Requested revised end date: \_\_\_\_\_

c. Are SubRecipients included in this NCTE? Yes No If yes, provide Sub names:

\_\_\_\_\_

d. Detailed Justification:

- e. If this request is submitted after the sponsor's required request date, additional justification is required regarding why the request is late:

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

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- g. Estimated unobligated funds (direct & indirect) as of current Project End Date \$ \_\_\_\_\_

- h. Are there sufficient unobligated funds to support the project through the extension? ☐ Yes ☐ No

## 2. Additional Direct Costs

- a. Select all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Equipment                                   | <input type="checkbox"/> Subawards                        |
| <input type="checkbox"/> Foreign Travel                              | <input type="checkbox"/> Participant Support Costs        |
| <input type="checkbox"/> Computers (includes<br>Devices/Accessories) | <input type="checkbox"/> Administrative/Clerical Salaries |
| <input type="checkbox"/> Other:                                      |   |

- b. Detailed Justification:

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## 3. Senior/Key Personnel Change

- a. Detailed Justification:

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## 4. Budget Revisions (Rebudget)

**NOTE: You must check the account and line item balances prior to requesting budget revisions to ensure the funds are available.**

- a. Attach copies of any sponsor approval documentation already received.
- b. Attach completed Budget Change Form, which is available at the following link:  
<https://research.utk.edu/research-administration/contracts-awards/rebudgeting/>

**c. Detailed Justification**

*NOTE 1: required for why funds are no longer needed in the original budget G/L cost line item category and why they are necessary in the different G/L cost line item category*

*NOTE 2: Reasons such as revised budget to accommodate expenditures, budget category out of balance, money leftover, or correct projected shortfall, are not sufficient justifications to revise the budget.*

**5. Incurrence of Costs –OR- Pre-Award Costs**

- a. Requested Time Period: \_\_\_\_\_
- b. Amount: \_\_\_\_\_
- c. Attach completed GL Budget Form, which is available at the following link:  
<https://research.utk.edu/oried/references/forms-policies/>
- d. Detailed Justification:
- \_\_\_\_\_

**I request the actions on this form and certify that the information on this form is correct and it adheres to the regulations of the project.**

\_\_\_\_\_  
*Lead Principal Investigator signature*

\_\_\_\_\_  
*Date*

----- **BELOW THIS LINE IS FOR DRA USE ONLY** -----

Is sponsor prior approval required for this requested action?      Yes      No

**Approved:**

Sponsor approval given to DRA on \_\_\_\_\_ and attached to this form

Falls under institutional expanded authority

Sponsor approval is not required

**Not Approved:**

Not allowed by Sponsor

Insufficient justification provided

Other:

**Other:**

Internal-only change. No further action required by the DRA Contract Coordinator.

Forwarded to the Department and [spa-awards@utk.edu](mailto:spa-awards@utk.edu)

\_\_\_\_\_  
*DRA Contract Coordinator signature*

\_\_\_\_\_  
*Date*