

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.

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:

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

- 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
Devices/Accessories) | <input type="checkbox"/> Administrative/Clerical Salaries |
| <input type="checkbox"/> Other: | |

- b. Detailed Justification:

3. Senior/Key Personnel Change

- a. Detailed Justification:

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

DRA Contract Coordinator signature

Date