|  |  |
| --- | --- |
| Logo_grant | **Sponsored Project Action Request (SPAR)** |

|  |
| --- |
| *The purpose of this form is to expedite consideration of requests to modify the terms and conditions of existing awards, or pending awards that are in process, by providing a similar format to request the change(s) (for example, to project dates, budgets, key personnel) and to secure internal approvals from department/unit heads and deans. In many cases, the University is delegated authority by the sponsor to approve a modification; in other cases, we will need to submit a request to the sponsor for approval. If the change can be approved internally, and is allowable under the terms and conditions of the award, the project will be modified accordingly; if the request requires sponsor approval, the Office of Grant and Contract Services (OGCS) will submit the request based on the information provided in this form.*  ***INSTRUCTIONS:*** *Please upload the completed form as an attachment in Cayuse 424 (Documents). Approvals will be provided electronically through Cayuse 424.*  *The Office of Grant and Contract Services is located in Suite 240, ARD Bldg. #56, Flagstaff, AZ 86011-4130. Please contact your GCA or OGCS at 928-523-4880 or via e-mail to* [*ogcs@nau.edu*](mailto:ogcs@nau.edu) *for assistance in completing this form.* |

Date:

Principal Investigator/Project Director (Lead):

Project Title:

Sponsor:       (if subcontract, indicate prime sponsor also)

Sponsor’s Award Number:

Full Project Start Date (mo/day/year)       and End Date (mo/day/year)

For modifications to current awards, list the NAU Account Number:

For pending awards, list the OGCS Number:

**TYPE OF MODIFICATION**

1. Authorize 0-90 Days Pre-award Expenditures for a Federal Award if both (a) the proposal has been recommended for funding and (b) the award is expected to be received within a maximum of 90 days. Attach a copy of the approved budget to this form. (Note: The authorizing unit/college is responsible for covering the amount of expended funds if the award is not received. Select the at-risk account option below if both (a) and (b) cannot be met.)
   1. Pre-award Period:       (not to exceed 90 days)
   2. Direct cost amount to be spent ($):
   3. Applicable indirect cost amount ($):
2. Establish an At-Risk Account for an award prior to receipt of the formal award. If the award is not received, or the period of performance or award amount are different from anticipated, these costs may not be eligible for reimbursement by the sponsor and will be charged to the local or state guarantee account provided below. The guarantee account must contain sufficient funds to guarantee the funds proposed to be spent during the at-risk period, as certified by the approvals made during the Cayuse 424 routing.
   1. Amount to be activated ($):       (attach a copy of the activation budget to this form)
   2. F&A Rate      % and Base
   3. At-Risk Period:       to       (not to exceed 90 day period)
   4. Guarantee Account (local or state account):
   5. Justification for establishing the at-risk account:

|  |
| --- |
|  |

1. No-cost Time Extension.
   1. Proposed new end date:
   2. Approximate balance remaining ($):
   3. Explain the reason for the availability of funds and their proposed use:

|  |
| --- |
|  |

1. Budget Revision. If the proposed revision requires funds to be transferred from one object code to another, indicate the amount(s), original and new transfer categories, and original and new object codes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amount to be Transferred ($) | Category from which to Transfer the Funds | Object Code | Category to which Funds should be Transferred | Object Code |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Equipment Purchase (approval is not required for change of model or vendor, or price change of 25% or less on previously approved items)

|  |  |
| --- | --- |
| Equipment to be purchased |  |
| Purchase price ($) |  |
| Vendor |  |

1. Travel

|  |  |
| --- | --- |
| Name of traveler(s) |  |
| Destination |  |
| Trip dates |  |
| Estimated cost of travel ($) |  |

1. Subcontract. Attach a copy of the NAU “Request to Issue a Subcontract” form to this request.
2. Other. Describe below.

|  |
| --- |
|  |

**PROGRAMMATIC EXPLANATION**

Complete this section for all actions. In addition to any information provided above, state how the requested action supports the goals of the sponsored project.

|  |
| --- |
|  |

**PI Certification and Department/Unit/College Endorsements will be provided electronically through CAYUSE.**

**Principal Investigator/Project Director (PI/PD) Certification: I certify that the information provided above and in the attached documents is accurate to the best of my knowledge.**

**Department\*/Unit/College Endorsement: The proposed modification is in the best interests of the department/unit/college for the reasons described above, and we endorse this request. (\* Departmental approval commits the department to take financial responsibility for the proposed action.)**