

Budget Realignment Form

Preparer Name:	Email:	Date:
PI Name:	Proposal No:	ORG #:
Project Title:	Award Agency:	Project #:

Will the rebudgeting: (Check yes or no for each as applicable)

Yes	No	Impair your ability to complete the project as approved by the sponsor?
Yes	No	Increase the total direct costs to the grant/contract?
Yes	No	Involve using funds for purposes disallowed as a condition of the award?
Yes	No	Change the scope or objectives of the project?

Fill in the current budget and amount rebudgeted columns.

Budget Category	Current Budget	Amount Rebudgeted (+ or -)	Revised Budget
SP_<25 (Subrecipient <25K)			
SP_>25 (Subrecipient >25K)			
SP_ALT (Alterations / Renovations)			
SP_CAP (Capital Equip / Bldg / Land)			
SP_CNS (Consulting)			
SP_FRG (Fringe Benefits)			
SP_OTH (Other Expense)			
SP_PCR (Patient Care)			
SP_SAL (Staff Salaries and Wages)			
SP_STP (Stipends) - 551000 is F&A exempt			
SP_SUP (Supplies)			
SP_TRF (Foreign Travel)			
SP_TRT (Trainee Travel)			
SP_TRV (Domestic Travel)			
SP_TUI (Tuition)			
Total Direct Costs			
SP_FAD (F&A - Indirect Costs)			
Total Budget			

Explain why funds are available to be moved from the budget category where they were originally budgeted. (Add attachment if further explanation is needed.)

Explain why this change is necessary and the impact on the approved scope of work. (Add attachment if further explanation is needed.)

PI Signature: _____	Date: _____
GCA Analyst: _____	Date: _____
If subrecipient is involved:	
Subrecipient Coordinator: _____	Date: _____
Lead GCA Analyst: _____	Date: _____
If agency approval required, who is ORA / ORS Contact? _____	Date Routed to ORA / ORS: _____