



**Sponsored Project Action Request (SPAR)  
 For Actions that Require Sponsor Approval**

The purpose of this form is to expedite consideration of requests to modify the terms and conditions of existing awards that requires **SPONSOR APPROVAL**. The Office of Sponsored Projects (OSP) will submit the request to the Sponsor based on the information provided in this form.

**INSTRUCTIONS:** Please submit the completed form directly to the Office of Sponsored Projects. Please note that an advance account request and PI change request **DOES REQUIRE** Chair, Dean/Director approval prior to submitting the completed form to OSP. All other requests do not require Chair, Dean/Director approval.

The Office of Sponsored Projects is located in the Empowerment Building, small office adjacent to the President's backdoor. Please contact your OSP at 505-387-7415 ext. 1057 or via e-mail to [Tomacita.Grey@navajotech.edu](mailto:Tomacita.Grey@navajotech.edu) for assistance in completing this form.

Date: \_\_\_\_\_

Principal Investigator/Project Director (Lead): \_\_\_\_\_

For modifications to current awards, list the NTU Project Number: \_\_\_\_\_

For pending awards, list the OSP Proposal Number: \_\_\_\_\_

**TYPE OF MODIFICATION**

1.  **No-cost Time Extension.**
  - a. Proposed new end date: \_\_\_\_\_
  - b. Approximate balance remaining (\$): \_\_\_\_\_
  - c. Explain the reason for the availability of funds and their proposed use:

2.  **Budget Revision:** Budget revisions are moving budget from the sponsor funded budget category to another budget category. Equipment, Foreign Travel, Subcontract and/or Sub-award or any other sponsor restricted budget revision to categories that were not included in the sponsors awarded budget.

Amount to be Transferred \$	From Budget Category	To Budget Category

**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.

**Principal Investigator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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.

3.  Establish an **Advance 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 SP routing.

- a. Amount to be activated (\$): \_\_\_\_\_ (attach a copy of the activation budget to this form)
- b. F&A Rate \_\_\_\_\_% and Base \_\_\_\_\_ (not to exceed 90 day period)
- c. At-Risk Period: \_\_\_\_\_ to \_\_\_\_\_
- d. Guarantee Account (local or state account): \_\_\_\_\_
- e. Justification for establishing the at-risk account:

4.  **Change of Principal Investigator (PI).**

- a. Current PI's name:
- b. Current PI's department:
- c. Proposed new PI name/department:
- d. Effective date of change:
- e. Additional Information needed to convey to sponsor:

f. Additional information needed for OSP consideration:

Department/Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and title \_\_\_\_\_

Dean/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and title \_\_\_\_\_

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.

**FOR OFFICE OF SPONSORED PROJECTS USE ONLY:**