

MEDICAL COLLEGE OF GEORGIA
Division of Sponsored Program Administration, Post Award
Budget Amendment and Justification Form

Instructions: The Principal Investigator should complete this form and return it to the Division of Sponsored Program Administration, Post Award CJ 3301. Please contact the appropriate accountant with any questions.

MCG Project CFC:	_____	_____	_____	_____	_____
	Fund	Dept	Program	Class	Project ID
Grant Budget Period:		From: _____		To: _____	
Grant Project Period:		From: _____		To: _____	

Justification:

- 1** Specify the Budget Categories affected, and amount (from) / to.

- 2** Explain the need for the requested budget change(s) in relation to the scientific progress of the project. (If the request is for equipment, list each item being purchased and its cost)

- 3** Will the proposed change have any significant effect on the general scientific direction of the grant?
If so, how?

- 4** List any additional information needed in order to satisfy administrative and/or sponsor requirements.

This request is consistent with the scope and objectives of the project as approved by sponsor.

Principal Investigator Date

Department Chairman Date

<i>For DSPA use only:</i> Approved: _____ Processed: _____ <i>initial & date</i>
