

PI: \_\_\_\_\_ PI ID #: \_\_\_\_\_ Funding Agency: \_\_\_\_\_  
 Dept Admin: \_\_\_\_\_ IP #: \_\_\_\_\_ Agency Award #: \_\_\_\_\_  
 Department: \_\_\_\_\_ G0000 \_\_\_\_\_ Prime Funding Agency: \_\_\_\_\_  
 Org Code: \_\_\_\_\_ Fund# \_\_\_\_\_ Total Project Award Period: Start: \_\_\_\_\_ End: \_\_\_\_\_

**Fields outlined in red are required. Guidance on this form, including when a chair signature is required, is on the How-to Guide.**

Submit completed form to [NU-RES@northeastern.edu](mailto:NU-RES@northeastern.edu). **All required documentation must be attached.**  
**If funding agency approval is required, please include a draft letter, addressed to the funding agency contact, in a Word file.**

**Advance Account** Funding Agency Allowability: \_\_\_\_\_ New Fund # Required: \_\_\_\_\_ NU-RES Use Only: AIR Account  
 Effective Date for Pre-Award Charges: \_\_\_\_\_ Dept Account #: \_\_\_\_\_ Cost-Share Account #: \_\_\_\_\_  
 Not to exceed amount: \$ \_\_\_\_\_ Attach: 1) written confirmation of the intent to fund the project; 2) budget matching the *not to exceed* amount; 3) Copies of applicable approvals (i.e. IRB/IACUC/IBC).

**Carryover** Attach: 1) explanation for the the unobligated balance; 2) revised budget and justification matching the carryover amount.

**Rebudget** New fund # Required: \_\_\_\_\_ Rebudget is part of a project scope change  
 Attach: 1) revised budget (based on available funds; 2) if applicable, documentation of the change in project scope.

**No Cost Extension** Current End Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_  
 If there are changes in effort for key personnel or other compliance approvals, during the NCE period: provide details of the changes below.

**Change in PI or Org/Dept** Changing the: \_\_\_\_\_  
 Changing FROM: \_\_\_\_\_ Changing TO: \_\_\_\_\_  
For PI Change: indicate the PI name, PI ID and Org Number.  
 For Org Change: indicate the Org/Dept Number.

**Other Action** Please summarize the action / request here: \_\_\_\_\_

**This Action Impacts the Following Approvals:** fCOI IRB/HSDF IACUC IBC DURC SCRO sUAS  
 N/A or None of the above

**List subaward(s) impacted by this request:** \_\_\_\_\_

Additional Comments/Notes: \_\_\_\_\_

PI Signature: \_\_\_\_\_ GO Signature: \_\_\_\_\_

Chair Signature: \_\_\_\_\_ NU-RES RA Director Signature: \_\_\_\_\_

**ACTIONS NOT REQUIRING A SIGNATURE : This form may be used as a coversheet to route the following actions to ensure timely review.**

**JIT / Post Proposal Submission** Attach: 1) funding agency request; 2) documentation to be submitted to the funding agency.

**Report Review & Submission** Attach: 1) documentation for submission and/or confirm access in funding agency's portal.

\*Please route RPPRs through ePAWs and see the how-to guide for more information.