Nurse Support Program II (NSP II) Competitive Grant Program
Project Amendment Request
Justification Form

Grant recipients must obtain prior written approval to make any significant change in activities, key personnel, or budget reallocations to the approved project. Requests for project revisions, including no cost extensions, should include explanation and justification for the requested changes, as well as, a revised budget where applicable. Use the forms provided. Please be specific when explaining all requested changes and include updates to activities timelines. Refer to *Post Award Changes* in the original RFA.

For budget amendments, contact NSP II staff prior to project amendment request submission if a budget carryover request amount is greater than $50,000. For projects nearing completion or requesting a project extension, grant progression on outcomes and time remaining in grant will be taken into consideration with regard to any carryover. If original goals will not be met, remaining grant funds must be returned.

If you submit a budget amendment request, include a budget narrative to outline how the amount of remaining carryover will be added to the approved budget to better meet project goals in the next budget year.

Date: _____

Grant #: _____ **Project Title:** _____

Project Director: _____

Email Address: _____

Institution: _____

Section A. Amendment Request Type

- ☐ Project Extension
- ☐ Reallocate Funds
- ☐ Project Director Change
- ☐ Programmatic Changes
- ☐ Carry-Over Amendment
- ☐ Other

Section B. Amendment Request Explanation

☐ Current Outcomes Table is required for all Project Extension and Carryover Requests

Description:

_____
_____
_____
_____
_____
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_____

Reason:

Expected Results:

☐ Submit one-page resume for new project director with request.

☐ Submit budget amendment to support changes requested along with narrative to support.

Section C. Project Extension: Additional Requirements

Include revised timeline, estimated participants, and role of key staff during extension: