|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal Investigator’s Name: |  | | | |
| Current Unit (Department/Center): |  | | | |
| RAMSeS Proposal /Award Number: |  | | | |
| Proposal Title: |  | | | |
| Sponsoring Agency: |  | | | |
| Re-Budgeted Period (From/To): |  | | | |
| Total Amount of Grant Award: |  | | | |
|  |  | | | |
| REBUDGET WORKSHEET - Fill in the current budget and amount re-budgeted columns and attach revised Budget Detail and Budget Narrative. | | | | |
| ALL proposed revisions to sponsor-approved project budgets must be submitted to OSRP for review with respect to the provisions of the applicable grant or contract, sponsor’s directives and regulations, and cost principals. Please contact Mr. Dwane Hodges, OSRP Budget Officer ([dhodges1@uncfsu.edu](mailto:dhodges1@uncfsu.edu)). | | | | |
| Budget Categories | | **Current Budget** | **Amount**  **Re-budgeted**  **(+ or --)** | **Revised Budget** |
| a. Personnel | |  |  |  |
| b. Fringe Benefits | |  |  |  |
| c. Travel | |  |  |  |
| d. Equipment | |  |  |  |
| e. Supplies | |  |  |  |
| f. Contractual | |  |  |  |
| g. Participant Support | |  |  |  |
| h. Other | |  |  |  |
| i. Total Direct Charges | |  |  |  |
| j. Indirect Charges ( %) | |  |  |  |
| k. TOTAL BUDGET / Years of Project | |  |  |  |
| Explain why this change is necessary and the impact on the approved scope of work: | | | | |
|  | | | | |
| CERTIFICATIONS  *This request is consistent with scope and objective(s) of the project as approved by Sponsoring Agency*. | | | | |
| Principal Investigator Signature: Date | | | | |
| Chair Signature: Date | | | | |
| Dean Signature: Date | | | | |
| Associate Vice Chancellor  Division of Business and Finance Signature: Date | | | | |

Submission of a re-budgeting request is not a guarantee of approval by the Sponsoring Agency.