

BUDGET REVISION REQUEST FORM

Re-budgeting within the cost categories that are approved under the award is allowed without permission. Any re-budgeting among cost categories must be approved by COAST using this form. The approved categories are listed on the first page of your award letter. Submit the completed form to csucoast@csumb.edu.

Lead Principal Investigator

First Name:	<input type="text"/>	Department:	<input type="text"/>
Last Name:	<input type="text"/>	CSU Campus:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

Award Program

- ☐ Grant Development Program
- ☐ Rapid Response Funding Program
- ☐ Short Course, Workshop and Symposia Funding

Award Information

Award Number:	<input type="text"/>		
Award Start Date:	<input type="text"/>	Award End Date:	<input type="text"/>
Original Award Amount:	<input type="text"/>	Amount Unspent To Date:	<input type="text"/>

Budget Revision

Complete the budget table below using the budget categories listed on the first page of your original award letter. If a budget category is not already listed, please add a new budget category below.

Totals for the "Increase" & "Decrease" columns should be the same amount.

Budget Category	Original Award Budget	Increase	Decrease	Revised Budget
Faculty Support				
Student Support				
Materials, Supplies and Equipment				
Travel				
Sample Analysis				
Personnel				
Total				

Request Justification

Please explain why funds are no longer needed in the original category and why they are needed in the new category.

Does the revised budget change the scope of work or originally stated outcomes? If so, please explain.