

University of California
TOBACCO-RELATED DISEASE RESEARCH PROGRAM

REQUEST TO CHANGE APPROVED EXPENDITURES

AWARD _____ For project year. 1st 2nd 3rd No-Cost Time Ext.

Principal Investigator: _____

Institution: _____

Title of Project: _____

Enter **only the amounts to be transferred** in the categories involved. The totals must be the same in the two columns (see Section 3.3 *TRDRP Grant Administration Manual* for regulations concerning changes in approved expenditures, including transfer of funds between budget categories and changes in the nature of expenditures).

Category	From	To
Personnel	\$ _____	\$ _____
Consultant & Contractual	\$ _____	\$ _____
Supplies & Expenses	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Travel	\$ _____	\$ _____
DIRECT COSTS	\$ _____	\$ _____
INDIRECT COSTS	\$ _____	\$ _____
TOTAL COSTS	\$ _____	\$ _____

Enumerate the proposed changes in expenditures and explain how they will facilitate achievement of the project's aims. (Use additional pages if necessary.)

If the change deletes an approved expenditure, explain how the original purpose for which the funds were allocated will now be met. (Use additional pages if necessary.)

Signature of Principal Investigator	Date
Signature of Contracts and Grants Officer	Date
Typed Name and Title of Contracts and Grants Officer	Date
Approved by: Signature of TRDRP Official	Date

University of California
TOBACCO-RELATED DISEASE RESEARCH PROGRAM

REQUEST TO CARRY FORWARD UNEXPENDED FUNDS

AWARD _____ From project year. 1st 2nd

Principal Investigator: _____

Institution: _____

Title of Project: _____

See Section 3.4.1 in the *TRDRP Grant Administration Manual* for regulations concerning carry-forward requests. Requests must be submitted by May 15 (I.R.Ps Nov. 15) and must be accompanied by the annual progress report (see Section 4.1). Requests to change approved expenditures must be submitted separately.

Category	Current Budget	Estimated Expenditures	Estimated Carry Forward
Personnel	\$ _____	\$ _____	\$ _____
Consultant & Contractual	\$ _____	\$ _____	\$ _____
Supplies & Expenses	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
DIRECT COSTS	\$ _____	\$ _____	\$ _____
INDIRECT COSTS	\$ _____	\$ _____	\$ _____
TOTAL COSTS	\$ _____	\$ _____	\$ _____

**Current budget includes annual award, any previous carry forward, and changes to approved expenditures.*

Why were all the funds not expended during the current budget year? (Use additional pages if necessary.)

Why is it necessary for the achievement of the research aims that the unexpended balance be carried forward? (Use additional pages if necessary.)

Signature of Principal Investigator	Date
Signature of Contracts and Grants Officer	Date
Typed Name and Title of Contracts and Grants Officer	Date
Approved by: Signature of TRDRP Official	Date

University of California
TOBACCO-RELATED DISEASE RESEARCH PROGRAM
REQUEST FOR NO-COST TIME EXTENSION

AWARD _____

Principal Investigator: _____

Institution: _____

Title of Project: _____

See Section 3.4.2 in the TRDRP Guide to Policies and Procedures for regulations concerning no-cost time extension requests. Requests must be submitted by May 15 (I.R.P.s Nov.15) of the final award year and must be accompanied by the annual progress report (see Section 4.1). Requests to change approved expenditures must be submitted separately.

A no-cost extension is requested _____ (maximum of 1 year from original termination date.)

Category	Current Budget	Estimated Expenditures	Estimated Carry Forward
Personnel	\$ _____	\$ _____	\$ _____
Consultant & Contractual	\$ _____	\$ _____	\$ _____
Supplies & Expenses	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
DIRECT COSTS	\$ _____	\$ _____	\$ _____
INDIRECT COSTS	\$ _____	\$ _____	\$ _____
TOTAL COSTS	\$ _____	\$ _____	\$ _____

**Current budget includes annual award, any previous carry forward, and changes to approved expenditures.*

Why were all the funds not expended during the current budget year? (Use additional pages if necessary.)

Why is it necessary for the achievement of the research aims that the termination date of the award be extended? (Use additional pages if necessary.)

Signature of Principal Investigator	Date
Signature of Contracts and Grants Officer	Date
Typed Name and Title of Contracts and Grants Officer	Date
Approved by: Signature of TRDRP Official	Date