ORGANIZATIONAL PRIOR APPROVAL FORM
CALVIN COLLEGE

NEH Award Number: ____________________________________________________________

Project Director: _________________________________________________________________________________________

Current Award Period: From ___________________________ To _____________________________

Requested by: ___________________________________________ Date of Request: ______________________________
(if other than project director)

Check the type of change requested and explain why the change(s) is needed in the space provided on the reverse side of this form.

* The recipient is authorized to approve the items which are asterisked.

☐ EXTEND THE AWARD PERIOD

Number of months
* ☐ 1st extension of 12 months or less
☐ 1st extension exceeding 12 months
☐ 2nd extension

A one-time extension of up to 12 months can be made if additional time is required to complete the original scope of the project with funds already made available. At least ten days before the award is scheduled to expire, the NEH Office of Grant Management must be informed in writing of the new expiration date and the reason the award had to be extended. A second request or a request to extend the award for more than twelve months must include a detailed justification for the extension, an estimate of the unexpended funds and a plan of work for activities that will be undertaken during the requested extension period.

☐ BUDGET REVISION

* ☐ Transfer of budgeted funds between direct cost categories.
* ☐ Transfer of budgeted funds between direct and indirect costs.
* ☐ Addition of the following costs that were not included in the budget approved by the NEH.
   ☐ foreign travel (not required for organizations subject to OMB Circular A-21)
   ☐ equipment purchase
   ☐ stipends and travel allowances for participants at conferences, symposia, and training projects
   ☐ Transfer to a third party of a portion of work under this award.
   ☐ Addition of costs that are specifically disallowed by the terms and conditions of the award.
   ☐ Transfer of funds from stipends or training allowances to other budget categories.

☐ *INCUR PRE-AWARD COSTS WITHIN 90 DAYS OF THE BEGINNING DATE OF THE AWARD.

☐ CHANGE IN PROJECT ACTIVITIES THAT AFFECT SCOPE

(Written NEH approval is needed before a recipient may make a change in project activities that affects in any way the purpose of the award, the subject matter, the treatment of the subject matter, the historical time frame of the project, the volume of material that is to be treated/studied, or the products that are expected to result from award activities. In making such a request, the recipient should understand that the NEH’s authority to approve changes that affect the scope of a project is limited by its legislation and appropriation law. (Explain in detail why a change in project activities is necessary and what change is proposed).
☐ CHANGE IN KEY PROJECT PERSONNEL (The replacement of the project director, the co-director, or other project personnel whose replacement is restricted in the award or a substantial reduction in the level of their effort, e.g., their unanticipated absence for more than three months, or a twenty-five percent reduction in the time devoted to the project, requires prior written approval from the NEH. Evidence of the qualifications of replacement personnel must be provided).

☐ OTHER CHANGE (Provide written explanation/justification of requested changes.)

TO BE COMPETED BY THE GRANTS OFFICE

Calvin Account Number:________________________________________________________

REQUESTED CHANGES
☐ APPROVED
☐ NOT APPROVED

_________________________________________  ______________________________  ______________________
(Signature) (Title) (Date)

DOES THE NEH HAVE TO APPROVE REQUEST OR BE NOTIFIED OF CHANGE? ☐ YES ☐ NO

IF YES, DATE SENT: __________________________