

# OFFICIAL PRIOR APPROVAL FORM (OPAS)

CALVIN COLLEGE

Project Director: \_\_\_\_\_ Awarding Agency: \_\_\_\_\_

Award Number: \_\_\_\_\_ Calvin Account Number: \_\_\_\_\_

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.**

- Incur Pre-Award Costs
- No-Cost Extension
- Budget Changes
- Change in Project Activities or Scope
- Change in Project Personnel
- Other Change (Provide written explanation/justification of requested changes.)

**Explanation/Justification:**

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## TO BE COMPETED BY THE GRANTS OFFICE

Requested Changes

Approved

Not Approved

Grants Office: \_\_\_\_\_  
(Signature) Title (Date)

Academic Dean: \_\_\_\_\_  
(Signature) Title (Date)

Financial Services: \_\_\_\_\_  
(Signature) Title (Date)

Does the Program Officer need to approve the request or be notified of the change?

No

Yes

IF YES, DATE SENT: \_\_\_\_\_