

Date: \_\_\_\_\_

**OFFICE OF THE ASSISTANT VICE PRESIDENT FOR RESEARCH  
 UNIVERSITY OF CONNECTICUT HEALTH CENTER**

**Procedure for Requesting Date Extension and/or Rebudgeting  
 of Intramural Grants**

TYPE OF GRANT: 1) Faculty Research  2) Emergency  3) Research Initiation

INVESTIGATOR: \_\_\_\_\_ DEPT. \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ ROOM #: \_\_\_\_\_

TITLE OF GRANT: \_\_\_\_\_

CODING ASSIGNED: \_\_\_\_\_

INITIAL GRANT PERIOD: From \_\_\_\_\_ To \_\_\_\_\_

CURRENT GRANT PERIOD: From \_\_\_\_\_ To \_\_\_\_\_  
 (IF DIFFERENT FROM INITIAL)

REQUEST FOR EXTENSION:  YES  NO

REQUEST FOR REBUDGET:  YES  NO

REQUESTED PERIOD FOR THIS EXTENSION:

From \_\_\_\_\_ To \_\_\_\_\_

**REQUESTED REBUDGETING**

Determine the budget & funds that are available in the account from your FRS (019) screen (**attach a copy**). Please list information below.

	<i>Current Budget</i>	<i>Revised Budget</i>
Salaries:	_____	_____
Fringe Benefits:	_____	_____
Supplies:	_____	_____
Purchased Services:	_____	_____
Equipment:	_____	_____

**\*Note:** indicate negative balance with ( )

