



PimaCountyCommunityCollegeDistrict

REQUEST FOR PRIOR APPROVAL ON GRANT PROGRAM ACTIVITIES

All grant funded programs must adhere to funding agency-approved scope of work, staffing, budget, equipment/capital acquisition, travel, contracts, grant program period and other program requirements as outlined in the grant's Notice of Award and/or any current program amendments and modifications that have been approved by the funding agency.

Any deviation from what was approved by funding agency may not be initiated until a request for prior approval is secured through the Grants One-Stop Office.
ALL REQUESTS MUST BE DIRECTED TO THE GOSC. THE GOSC WILL BE RESPONSIBLE FOR SECURING APPROVAL FROM FUNDING AGENCY AS DEEMED NECESSARY.

*This form should be completed when anticipating a grant-funded program activity that deviates from what is currently approved by funding agency. Please **COMPLETE and SUBMIT this form TO: Grants One-Stop Center as soon as you identify or anticipate deviation from your currently approved activities to ensure timely response from the GOSC.***

Program Title: _____

The College is the:

Prime Recipient

Subrecipient

Funding Agency Name/Source of Funding: _____

(Prime Recipient if College is subrecipient)

Program Officer: _____ Phone: _____ Email: _____

Mailing Address: _____

I would like to request prior approval for the following:

Change in Program Scope of Work

No Cost Extension

Capital Acquisition

Change in Key Personnel

Change in Consultant

Budget Adjustment w/ Budget Adjustment Form *(over 10% of line item unless strictly not allowed by Funding Agency)*

Please attach a written justification (2-page maximum) for every marked box to include the following points:

- 1) Description of the currently approved activity and how you anticipate to deviate from this approved activity,
- 2) an explanation of the need and the reason for this request,
- 3) how the request will positively and negatively impact the goals and objectives of the program,
- 4) what are the financial and other implications to be considered which would result from this request.

Project Director/Program Manager
(PD/PM): _____

Ext: _____

Campus: _____



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CAMPUS SUPPORT and APPROVAL OF REQUEST

I have reviewed the attached request and written justification and fully support the change that is being requested. I agree to administer this project in accordance with conditions imposed by the funder and to carry out activities in conformance with funding agency terms and conditions of the grant, regulations under which this program was awarded, and in accordance with campus and College policies. Reassigned time will be approved if the request is approved. Cash match and in-kind match, as required if needed in the budget, will be provided from existing campus resources. Suitably equipped space will be provided to the project within the campus existing budget allocation, if requested.

Table with 4 columns: Campus, District, Signature, Date. Rows include PD/PM, VP/Designee, and President with corresponding roles and signature lines.

GOSC REVIEW

I have reviewed the attached request and found it to be:

- checkbox within the parameter of activities that this particular granting agency allows,
checkbox outside the parameter of activities that is allowable by this particular granting agency, thus, requiring Program Officer's approval.

Advanced Grants Analyst Date Advanced Fiscal Analyst Date

Executive Director, Grants One-Stop Center