

For Office Use Only:
Approved
Not Approved
See Comments



Faculty Research Grant Project Request Form

This form should be used to request a change in the budget or timing of an awarded Faculty Research Grant.

Date: _____

THIS REQUEST IS FOR:

- Budget Reallocation
- Budget Supplement
- Project/Account Extension
- Other:

APPLICANT INFORMATION

Name: _____ Department: _____

Email: _____ UGA Address: _____

PROJECT INFORMATION

Project ID # (referenced in your award letter): _____ Date Funded: _____

Project Title: _____

DESCRIPTION OF REQUEST

Please describe your request in the box below.

1. If you are requesting a budget reallocation or supplement, please give a complete justification for the reallocation or additional funds and complete the budget pages reflecting what your total new budget would be for the project.
2. If you are requesting a Project/Account Extension please explain why your project could not be completed in the regular grant period.

(Type your request in this box. You may use up to one additional page.)

Faculty Research Grant Budget Justification Worksheets (1of 2)

PERSONNEL

SALARY
COMPONENT BENEFITS

1. Faculty (PI):

Course release buyout to department.

(Benefit Calculation)

Benefits MUST be included. Consult your department's business manager.

a. Academic Year Only

_____ (_____) _____

b. Summer (Only if have Instructional EFT in Summer)

_____ (_____) _____

2. Student Employees:

Grad assistantships, training grant recipients, Fellowships (Benefits – 5%)

3. Other Staff:

Staff Subject to Teachers Retirement or Optional Retirement:

a. Salary for UGA staff with annual rate above \$75,000
(Benefits 27%)

b. Salary for UGA staff with annual rate \$50,000 - \$75,000
(Benefits 33%)

c. Salary for UGA staff with annual rate \$35,000 - \$49,999
(Benefits 42%)

d. Salary for UGA staff below \$35,000
(Benefits 54%)

Staff NOT Subject to Teachers Retirement/Optional Retirement

Monthly and salaried bi-weekly regardless of salary (Benefits 12%)

4. Other Professionals, Students and Grad Students:

(NOT UGA staff and not eligible for Grad Assistant Health Insurance)

Total Salary: _____

Total Benefits: _____

TOTAL SALARY AND BENEFITS: _____

Personnel Justification (must be completed):

Faculty Research Grant Budget Justification Worksheets (2 of 2)

AMOUNT

EQUIPMENT (List each item then supply justification.)

- 1. _____
- 2. _____
- 3. _____

TOTAL _____

Equipment Justification (must be completed):

AMOUNT

SUPPLIES/GENERAL EXPENSES (List each item then supply justification.)

Honoraria can be included here.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

TOTAL _____

Supplies Justification (must be completed):

AMOUNT

TRAVEL

Travel Justification (must be completed):

TOTAL PROPOSED BUDGET (Calculated automatically): _____

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