

ORGANIZATIONAL PRIOR APPROVAL SYSTEM (OPAS) FORM

CALVIN UNIVERSITY

Project Director: _____ Awarding Agency: _____

Award Number: _____ Calvin Worktag: _____

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:

TO BE COMPLETED BY THE GRANTS OFFICE

Requested Changes

Approved

Not Approved

Grants Office: _____
(Signature) Title (Date)

(Date)

Financial Services Notified?: No Yes IF YES, DATE SENT: _____
(Date)

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

No Yes IF YES, DATE SENT: _____