# Prior Approval Letter Matrix

<table>
<thead>
<tr>
<th>Date</th>
<th>Carryover</th>
<th>Re-Budgeting</th>
<th>Request for Additional Funds</th>
<th>No Cost Extension</th>
<th>Withdrawal of Application</th>
<th>Change of PI</th>
<th>PI Transfer</th>
<th>Change in Key Personnel</th>
<th>Effort Reduction for Key Personnel</th>
<th>Change of Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Contact Info (e.g. name, email, address) per last NOA</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Grant or Agency Number</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Direct Costs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>FFR or SPA to Verify</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>TC w/ F&amp;A rate or Split</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Budget if requested by agency. Note: RMS Record required ONLY if salaries for personnel is requested by agency or provided to agency.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Justification

- If carryover is ≥ 25%, indicate why there is a balance & how the money will be spent. If carryover is < 25%, explain how the money will be spent.

## Date Change is Effective

- Specify the new ending date.

## PI Signature

- Needs to be signed by both PIs.

## Dept Chair/Div Chief Signature

- Department Chair signatures are required on SPA's copy. If a NIH Multiple PI award, the signatures of all of the PIs and their respective Dept. Chairs are needed.

## Biosketch (for agency only, SPA/OSRS does not need a copy)

## Other Support

## Current Human Approval

- Needed following approval from agency and prior to fund profile processing.

## Current Animal Approval

- Leave SPA signature block blank and SPA will complete for the appropriate signer.

## Current EPA/FDS/COI

- Except as otherwise noted, letters are processed by SPA and should be sent to the appropriate SPA mailbox based on funding agency:
  - spaprivategrants@wustl.edu
  - spacontracts@wustl.edu
  - spadhhsgrants@wustl.edu
  - spaothergovtgrants@wustl.edu

*1 If carryover is ≥ 25%, indicate why there is a balance & how the money will be spent. If carryover is < 25%, explain how the money will be spent.

*2 Indicate why additional funds are needed & how they will be spent.

*3 Specify the new ending date.

*4 Needs to be signed by both PIs.

*5 Not needed if the department is withdrawing a resubmission because the original application was awarded.

*6 If dealing with two different divisions, both dept Chairs/Div Chiefs Signatures are needed.

*7 Need applicable approvals in new PI's name prior to name change in profile and following approval from the agency.

*8 SPA to check balance. If negative/low, tell DA cost-sharing is needed.

**Note:** Matrix may vary on a case-by-case basis. It is recommended to send draft letters to SPA prior to obtaining signatures.

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* See the Carryover Guidance for Grantees

+ Send to OSRS for processing

ço For NIH applications, also see the current NIH Grants Policy Statement