

REPLACE ALL RED AREAS WITH YOUR SPECIFIC INFORMATION. MUST HAVE BOTH SIGNATURES AS SHOWN. CONTACT SPO WITH QUESTIONS.

DATE

GRANTS MANAGEMENT OFFICER (GMO) INFO HERE

Re: Request for Effort Changes on Grant No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title:

PI:

PI Email:

Dear GMO,

This letter is requesting prior approval for <several/an> effort change <s> that affect key personnel greater than 25% to the above referenced grant and to explain the reason why this is necessary and how this will be accomplished.

ENTER SCIENTFIC EXPLANATION FOR EFFORT CHANGE AND HOW THE WORK WILL STILL BE ACCOMPLISHED HERE.

We appreciate your consideration of this request. Should you have any programmatic questions, please contact the Principal Investigator Dr. \_\_\_\_\_\_\_ as referenced above. If you have any financial questions, please contact the Financial Officer, Stacy Catanach, UNM Health Sciences Financial Services at (505) 272-9383. Please email your approval to HSC-PreAward@salud.unm.edu.

Sincerely yours,

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| Stacy Catanach, MBA, CRAAssociate Director, HSC Sponsored ProjectsUNM HSC Financial ServicesMSC09 5220, 1 University of New MexicoAlbuquerque, NM 87131 | PI NamePrincipal Investigator |

Attach: Current & Pending Other Support for Key Personnel as appropriate