***\*\*Note\*\* Route request on department’s letterhead through UFIRST. The letter should be addressed to the administrative/grants official rather than the technical or program official. A prior approval request must be submitted in advance of the proposed change(s) based on agency requirements.***

**Address Letter as follows:**

Date:

(Agency administrative contact)

(Agency address)

(Agency phone number)

(Agency email address)

Dear *(agency contact):*

This is to request prior approval to *(insert requested action- remove key personnel, change scope, etc.)* from the following:

Agency identifier:

Project title:

UF award number:

Effective as of *(insert date)*, we would like to request prior approval to *(insert requested action)*. (*Then provide a clear scientific justification including any impacts to the project. For example, if originally requested as MPI, how can the same work be done if moving to single PI? Additional documentation may be required to support the request, such as revised budget and/ or budget justification, a revised leadership plan, etc.).*

This change *(does / does not)* represent a change in scope and *(will/ will not)* require significant rebudgeting because *(add rationale. If significant rebudgeting, please provide revised budget and justification.)*

Thank you for your consideration of this request. If more information is required, please contact [ufawards@ufl.edu](mailto:ufawards@ufl.edu). If the change requires execution of a modification under conditions of the parent award, please transmit the modification to [ufawards@ufl.edu](mailto:ufawards@ufl.edu). If not, and if you approve of this prior approval request, please sign below and return to [ufawards@ufl.edu](mailto:ufawards@ufl.edu).

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*PI Name*)

Principal Investigator

(*Department Name/Address/etc.*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division of Sponsored Programs

University of Florida

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Representative Date

cc: Agency technical/program representative