Morehouse College
Office of Sponsored Programs
Grant Action (GAF) Form

Date:

PI: **Dept:** **Ext:**

Award/Proposal Number:

Title:

Transfer **No-Cost Extension:** **New PI/Co-PI** **Other**

Purpose:

Funding Information

Funding Source: **Division:**

Contact: **Phone#:**

Balance $ **Duration:** **months:** **Action Date:**

Base Amount: $

Incremental Yr. Amts: $ **Yr.** **$** **Yr** **$** **Yr.**

Follow-up Action Required:

Restrictions/Special Scope Conditions:

Signatures:

Principal Investigator Date

Dept. Chair/Head Date

Grant Specialist, ORSP Date

VP /CFO Date

Associate Provost Date

VP/Academic Affairs Date

Vice President and General Counsel Date