

CENTERS OF EXCELLENCE CHANGE REQUEST

NORTH DAKOTA DEPARTMENT OF COMMERCE

SFN 59921 (03-15)

Instructions: Indicate the type of change you are requesting. You may select more than one. Attach the necessary supporting documentation. **Note - Any material change must be approved by the Commission.*

Name of Requesting Institution or Foundation	Project Title
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Program: <input type="checkbox"/> COE <input type="checkbox"/> CORE <input type="checkbox"/> LD-CAP <input type="checkbox"/> Research ND <input type="checkbox"/> Research ND BIO <input type="checkbox"/> Fast Track <input type="checkbox"/> Venture Grant Phase I <input type="checkbox"/> Venture Grant Phase II <input type="checkbox"/> Enhancement <input type="checkbox"/> Base Realignment

<input type="checkbox"/>	1. Timeline Extension Until _____ a. Attach revised timeline b. If the budget is impacted, check and complete #2 below c. Attach a one-page summary identifying new benchmarks or modified timing of benchmarks
<input type="checkbox"/>	2. Budget Modification a. Attach revised budget b. Attach revised budget narrative c. Attach a one-page summary describing any impact to operations
<input type="checkbox"/>	3. Partner Change a. Attach a one-page summary describing reason for the change and identifying new partner(s) b. Attach the COE Verification of Private Sector Participation Form or other document describing matching contribution(s) and the collaboration with the Center
<input type="checkbox"/>	4. Material Change to Scope of the Project a. Consult with the Department of Commerce to determine what supporting material should be provided b. Check and complete any of the above or below options if impacted by the change
<input type="checkbox"/>	5. Minor change to project altering the budget <20% (Research ND, Research ND BIO, and Venture grants only) a. Provide documentation demonstrating approval by both RU and PSP b. Check and complete any of the above or below options if impacted by the change
<input type="checkbox"/>	6. Other a. Attach a one-page summary describing the change(s) b. Consult with the Department of Commerce to determine what supporting material should be provided

Submission: Change Request Forms are to be submitted electronically to the North Dakota Department of Commerce at researchND@nd.gov.

The Change Request Form is a formal request to approve the change(s) noted above to our initial request. I certify that the information contained herein this request is accurate to my knowledge. I further certify that I am an authorized signor for the institution making the change request.

Center Director/PI Signature	Printed Name	Date
University Authorized Representative Signature	Printed Name	Date

Research ND & Venture Grant Phase I, II & I/II Only

PSP Authorized Signature	Printed Name	Date
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For Office Use Only

Date Received	Date of Commission Action	
Commission Action <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Other	Date Copy Forwarded to Center	
Administrative Action <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Other	Signature	Date