## **COVID-19 Sponsor Notification and Request Form**

Please complete this form if your sponsored project activities have been hindered due to COVID-19 precautionary measures
and/or illnesses. The Office of Grants and Contracts Administration (OGCA) will review sponsor policies and contact the
sponsor if notification or approval is required. OGCA will review your request, and will either submit a notification/request
to the sponsor for approval or notify the appropriate internal party.

	PI Name:		
	Sponsor:		
	Banner G#:		
Please ched	ck each area that applies to this request	t:	
	Delay in completing financial reviews relat	ted to submission of financial reports	
	Delay in submitting a technical progress re	eport (e.g. NIH RPPR) by the scheduled due date	
	Request carryforward of unobligated bala	nces from prior year to current year for immediate effort to support	
	activities related to or affected by COVID-	19	
	Extend the final budget period for 12 mon	nths due to project suspension	
	Contact sponsor to invoke the force maje	ure clause if it is included in the contract or subcontract	
		or the following researchers who are <b>unable to work</b> as a result of or rdance with university policy https://www.alaska.edu/bor/	
	NAME	ROLE	
		Is should consult with their program officer to determine if a scope ction is necessary. List any additional names on next page.	
	Continue to provide stipend payments to related to COVID-19. List any additional n	fellows and trainees who may be <b>unable to work</b> as a result of or names on next page	
	NAME	ROLE	
	Charge non-refundable costs associated v have otherwise been allowable. Process in	with grant-related travel that has been cancelled due to COVID-19 that wo n accordance with university guidance.	ould
	Charge non-refundable registration fees for	or conferences, symposiums or seminars that have been cancelled due to	
	COVID19 that would have otherwise been	allowable and necessary to accomplish program objectives.	
	Pre-award costs > 90 days as a result of a	delayed award affected by COVID-19.	

Change in scope as a result of or related to the effects of COVID-19.

Other Request: Please describe in full detail below.

UAF will provide documentation to the sponsor describing institution-wide impacts, including:

- https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-COVID-19-Health-Mandate-010-Attachment-A.pdf
- https://gov.alaska.gov/wp-content/uploads/sites/2/03272020-SOA-COVID-19-Health-Mandate-011.pdf
- https://gov.alaska.gov/wp-content/uploads/sites/2/03272020-SOA-COVID-19-Health-Mandate-012.pdf

ase provide a detailed statement explaining your request, including how the precautionary measures an ess have impacted/will impact your study. Provide details regarding impacts to schedule, cost, ability to et technical requirements or deliverables, and any other areas as applicable.								
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