**Project Number:** Text

**Project Title:** Text

**Principal Investigator(s):** Names and affiliations

**Submission date:** Text

Please check all the boxes that apply to this request.

[ ]  **Changes to the original scope or objectives of the project.**

State the original scope or objectives of the project and describe the changes and provide justification.

[ ]  **Personnel changes.**

Describe the personnel changes and reasons for the changes. Attach CVs for any new personnel.

[ ]  **Budget reallocation request.**

Attach the original budget workbook and revised budget workbook. Include a screen shot of the summary table from the original budget and revised budget and describe the budget reallocation requests for each participating agency and justification for the changes.

[ ]  **Milestone/task changes.**

Include the original milestone/tasks table from your proposal and describe the changes for each milestone. For example:

Project milestones and tasks by fiscal year and quarter, beginning February 1, 2023. Fiscal Year Quarters: 1= Feb.1-April 30; 2= May 1-July 31; 3= Aug. 1-Oct. 31; 4= Nov. 1-Jan 31.

Highlight the line item to indicate an addition of a milestone/task. ~~Strikethrough~~ a line item to indicate the removal of a milestone/task.

| **Milestone/Task** | **FY22** | **FY23** | **FY24** | **FY25** | **FY26** |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| **Sample collection** |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CPR shipment | X |  |  |   | X |  |  |   | X |  |  |   | X |  |  |   | X |  |  |   |
| Transect sampling | X | X | ~~X~~ |  X | ~~X~~ | ~~X~~ | ~~X~~ |  X | X | X | X |  X | X | X | X | X  | X | X | X | X  |
| CPR winter overhaul |  |  | X |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  | X |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sample Processing** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sampling results | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| **Reporting/Deliverables** |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Annual reports |  |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  |
| **Data/Deliverables** |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |
| Data posted online (for previous year samples)  |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  | X |  |  |  | X |

Provide justification for the requested changes.

Internal use only:

Fiscal Year of Request:

Approved by ED? [ ] No [ ] Yes

Requires TC review? [ ] No [ ] Yes

Copy sent to fiscal managing agency(yes)? [ ] No [ ] Yes