

**Request for Administrative Modification of a  
Rehabilitation Research and Development Service (RR&D) Project**

**Instructions:** The VA principal investigator should complete this form, sign it electronically, obtain the electronic signatures of site investigators, if required, and email it to his/her local Research Office. If the ACOS/R supports this request, he/she should sign it electronically, and submit it to RR&D by clicking on the button at the end of the form. By signing this form, the ACOS is also affirming that all VA requirements regarding the conduct of research in VA for this study will be met (e.g. appropriate committee approvals).

**Check appropriate box on left and follow instructions on right  
for all the changes that you are requesting.**

<p>No-Cost Extension</p> <p>Cost Extension</p>	<ul style="list-style-type: none"> <li>• Complete sections 1, 4, and 6 below.</li> <li>• Section 6 must describe the justification for a project extension, redistribution of funds requested (amount and timing), and details by site, if multi-site.</li> <li>• If a Cost Extension, describe why additional funds are required.</li> <li>• Attach a revised Quad Chart for the project.</li> </ul>
<p>Change in Aims, Methods, or Key Personnel and Effort</p>	<ul style="list-style-type: none"> <li>• Complete sections 1 and 6 below.</li> <li>• Section 6 must clearly describe the proposed change from the approved design, its rationale, and implications on the project in sufficient detail to allow scientific review of the request.</li> <li>• Attach a revised Quad Chart for the project.</li> </ul>
<p>Add/Replace Study Site</p> <p>Change Site-PI</p>	<ul style="list-style-type: none"> <li>• Complete sections 1, 2, 3, and 6 below.</li> <li>• Section 6 must explain why an additional or replacement study site is being requested and/or why a change in Site-PI is being requested and how the change will benefit the project.</li> <li>• Attach a revised Quad Chart for the project.</li> </ul>
<p>Change in Principal Investigator (PI)</p>	<ul style="list-style-type: none"> <li>• Complete sections 1, 2, and 6 below.</li> <li>• Section 6 must explain why a change in PI is being requested. Include a detailed explanation of the proposed PI's current involvement in the project, qualifications to complete the work, and whether the current PI will have any continued role.</li> <li>• Attach the proposed PI's CV and a letter from the proposed PI accepting responsibility for the project.</li> <li>• Attach a revised Quad Chart for the project.</li> </ul>
<p>PI Station Transfer</p>	<ul style="list-style-type: none"> <li>• The receiving station completes sections 1, 3, and 6 below.</li> <li>• Section 6 must explain what the PI's role will be at the new Medical Center and at the affiliate university. Provide information that demonstrates facility resources and personnel at the new station will permit the same work to be conducted at the same rate, including participant accrual.</li> <li>• Attach official correspondence requesting approval for the transfer to the RR&amp;D Director from the Director of the gaining facility, thru the Director of the losing facility. Follow directions stated in <a href="#">VHA Handbook 1200.2</a>, paragraph 3.b.(2).(g).1-4. For Career Development Awards, provide the CV of the new onsite mentor.</li> <li>• Attach a revised Quad Chart for the project.</li> </ul>
<p>Change in Eighths of PI</p>	<ul style="list-style-type: none"> <li>• Complete sections 1, 5, and 6 below.</li> <li>• If a PI drops below 5/8th VA, the modification must include a request to the change the PI or a 5/8ths waiver.</li> </ul>

**1. VA Principal Investigator (PI) (complete for all types of requests)**

Last Name, First Name, Middle Initial, Degree(s)

Telephone

VA email

eRA # or Project ID

Project Start Date

Project End Date

Project Title

Select the type of project

If Other, please specify:

Electronic signature of the PI

Date

VAMC Name and Location (City, State)

Station No.

**2. Proposed Investigator (if changing PI or adding study site)**

Last Name, First Name, Middle Initial, Degree(s)

VA email

Telephone

Select how many eighths your VA position will be

Electronic signature of proposed (Site) PI

Date

VAMC Name and Location (City, State)

Station No.

**3. New VA Medical Center (if transfer of station or adding new study site)**

VAMC Name and Location (City, State)

Station No.

Location of your space at the new VA Medical Center

**4. Project Extension**

New end date requested

**5. Change in Eighths of PI**

Current Eighths

Requested Eighths

**6. Explanation or Justification (see page 1 for required information)**

Explanation or justification

ACOS/R (Last name, First Name, Middle Initial, Degree(s))

Electronic Signature of the ACOS/R

Date

**7. Central Office Decision (for Central Office use only)**

Approved

Disapproved

Name

Title

Electronic Signature

Date

Comments

Email this form with required electronic signatures and attachments to [rrdreviews@va.gov](mailto:rrdreviews@va.gov).

Electronic signatures are preferred, but if you must obtain signatures on a hard copy, please email a scanned copy with the required attachments.

If additional documents are requested in Section I (e.g., CV), please compile them into a single pdf document (by scanning if no other option). Then attach the pdf document as follows: (1) from the Main Menu, select View > Comment > Annotations to open the Annotations sidebar; (2) click on the Attach File icon and your cursor will look like a push pin; (3) click on the box labeled "Attach pdf document here" and the Add Attachment file browser will open; (4) select the file you want to attach and click on Open; (5) the File Attachment Properties dialog box will open, verify that the paperclip icon is highlighted, and click OK to continue; and (6) the attached file will appear as a paperclip icon.

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