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| **University of California Office of the President**Special Research Programs | TRDRP ADMINSTRATIVE SUPPLEMENT FUNDING REQUEST FORM |
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| AWARD NUMBER: |       |  |
| PRINCIPAL INVESTIGATOR(S): |       |  |
| PROJECT TITLE: |       |  |
| INSTITUTION: |       |  |
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| This form is to be used to request Administrative Supplements due to COVID19 disruptions. Enter a requested supplement in accordance with the Grantee Instructions for Administrative Supplements (<https://trdrp.org/funding-opportunities/>). |
| **BUDGET CATEGORY** | PRIME BUDGET REQUEST | SUBCONTRACT BUDGET REQUEST |
| Personnel Costs (Salary and Fringe) | $ |       |  |  |       |  |
| Student Tuition, Fees and Stipends | $ |       |  |  |       |  |
| Other Expenses | $ |       |  |  |       |  |
| Travel – Project Related | $ |       |  |  |       |  |
| Service Contracts and Consultants | $ |       |  |  |       |  |
| TOTAL DIRECT COSTS | $ |       |  |  |       |  |
| Prime Budget Indirect Costs | $ |       |  |  |  |  |
| Subcontract Indirect Costs | $ |       |  |  |  |  |
| TOTAL INDIRECT COSTS | $ |       |  |  |  |  |
| TOTAL PROJECT COSTS | $ |       |  |  |  |  |
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| Briefly explain the ways in which the research was disrupted (e.g. how long the lab was closed / operating at partial capacity or how research subject recruitment was impacted). Describe how funds were spent during the closure and any other sources of supplemental income received to manage the COVID disruption (e.g., CARE Act, Institutional funds, Paycheck Protection Program). |
|       |
| Briefly describe how the administrative supplement will be applied and which milestones will be completed using the supplement. |
|       |
|  |       |  |
| Signature of PI Named Above  Date |
|  |       |  |
| Signature of Contracts & Grants OfficialName/TitleDate |
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