[INSERT PI or ORA letterhead]

**EFFORT REDUCTION**

February 17, 2019

GMS Name

Title

Address/Email

**NIH GRANT NUMBER**

**PI NAME(s)**

Dear Mr./Ms./Dr. ----------:

We are writing to you to request permission to reduce the effort commitment for [PI/KEY PERSON NAME] on this grant from [MOST RECENTLY APPROVED LEVEL OF EFFORT] to [NEW LEVEL OF EFFORT] calendar months, effective [DATE]. Our request stems from [EXPLAIN THE REASON FOR THE REDUCTION].

[MENTION WHETHER THIS REDUCTION IN EFFORT WILL AFFECT THE BUDGET AND/OR WORKSCOPE. If there will be budget changes upload a revised detailed budget and justification]

Thank you for your consideration of our request. Please don’t hesitate to contact us if you require additional information.

Sincerely,

PI NAME Authorized ORA Official Name

PI TITLE Authorized ORA Official Title

Johns Hopkins University Office of Research Administration

School of Medicine Phone/Email

Phone/Email

**\*\*\*\*UPDATE THE HIGHTLIGHTED FIELDS AND DON’T FORGET TO REMOVE THE HIGHLIGHTING (AND THIS NOTE), BEFORE SENDING TO PI FOR SIGNATURE\*\*\*\***