Office of Research Administration

(Rev.01/22/18)

SUBAWARD MODIFICATION REQUEST FORM

Please email this completed form signed by the Principal Investigator (PI) and any required documentation to the Subaward Administrator at orasubaward@umd.edu

KFS Account Number _____ Subaward KFS PO# _____ Subaward Z/Q# _____ Mod No. _____

Sub Administrator _____

SUBRECIPIENT Full Legal Name (no abbreviations) _____

Department requests the following changes to the current subaward (check all that apply)

a) Additional Time From (original) START date _____ END date _____
To (new) START date _____ END date _____

b) Additional (+) OR Reduced Funding (-) Obligated this Action $ _____

Total Obligated to date (incl. this request) $ _____ Total Anticipated (if incrementally funded) $ _____

c) Other

Key Personnel Change (please attach CV) ☐ Change to terms & conditions (attach explanation) ☐

Administrative Correction (please attach) ☐ Revised Budget and/or SOW (**please attach**) ☐

d) ***ORA Administrative Change Only:** Change Subaward Number ☐ / Change in Compliance Requirement ☐

e) **Dept. Instructions** _____

Other required information

Department Business Contact Name _____ Administering Department _____

Email _____ Phone _____

Lead Investigator Name _____

Email _____ Phone _____

Principal Investigator/Designee Approval

I have reviewed the technical and cost proposals for this subrecipient and based upon my professional experience and analysis of the costs or prices proposed, find them to be appropriate, fair, and reasonable for the work to be done.

Signature _____ Date _____

FOR ORA USE ONLY **Obligated this Action** **3732 $** _____ **3734 $** _____

Original copy mailed by _____ Date _____

KFS data entry by _____ Date _____

KFS confirmed by _____ Date _____

KR data entry by _____ Date _____