**Syracuse University**

**SUBAWARD MODIFICATION Request Form**

*To modify an existing subaward/subcontract from Syracuse University to another institution, organization or business, complete the required information below. Completed form should be e-mailed to* *lvkaleyh@syr.edu**.*

|  |
| --- |
| **Subrecipient Name:**        |
| Subcontract/Subaward Number       |
| Current start date:      - end date:      |
|  |
| Subaward Modification Number:       |
|  |  |  |  |
|  | **Requested Action:** |  |  |
|  | [ ]  Change of subaward end date ⇒  |  | Modified end date:       |
|  | [ ]  Early Termination of subcontract ⇒ |  | Termination date:       |
|  | **[ ]**  Addition of Funds ⇒ |  | Amount of funds to be added: $      |
|  | [ ]  Reduction of Funds ⇒ |  | Amount of funds to be reduced: $      |
|  | [ ]  Change in scope of work ⇒ |  | Revised Scope of Work Attached: [ ]  (Word/Excel version) |
|  | [ ]  Change in existing budget ⇒ |  | Revised Budget Attached: [ ]  (Word/Excel version) |
|  | [ ]  Addition of cost share ⇒ |  | Amount of Cost Share (CS) to be added: $     Revised CS Budget Attached: [ ]  (Word/Excel version) |
|  **Sub-recipient Monitoring Assessment** Answer the questions below.  |
|  |  | YES | NO |
|  | 1. Was the work performed by the subrecipient during the previous period satisfactory and in accordance with the scope of work and terms of the agreement?
 | [ ]  | [ ]  |
|  | 1. Did the subrecipient submit complete technical reports on a timely basis?
 | [ ]  | [ ]  |
|  | 1. Did the subrecipient submit complete and timely invoices that were properly certified and contained an acceptable level of detail?
 | [ ]  | [ ]  |
|  | 1. Will human subjects or animals be used going forward at Subrecipient Institution? (if “Yes” please attach the sub-recipient IRB/IACUC Approval)
 | [ ]  | [ ]  |
|  | 1. Were there any changes related to the following during the previous period:
 |  |  |
|  | * 1. Change of Subrecipient PI?
 |  |  | [ ]  | [ ]  |
|  | * 1. Change in Budget?
 |  |  | [ ]  | [ ]  |
|  | * 1. Change in Scope of Work?
 |  |  | [ ]  | [ ]  |
|  |  |  |  |
| **If unsigned: My e-mail to which this form is attached certifies that I have reviewed the information above and that it is true and accurate to the best of my knowledge** |
|  |  |
|  | Principal Investigator’s name:       |
|  | Signature:  |  |