**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*](mailto: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: | | | |  | | | |