

University of Maryland Baltimore County  
Office of Sponsored Programs  
**SUBAWARD MODIFICATION REQUEST FORM**  
(02/2015)

Please email this completed form (signed by UMBC Principal Investigator) and all required documentation to [ospa@umbc.edu](mailto:ospa@umbc.edu) . An electronic signature will suffice.

UMBC PI: _____	SUBAWARD #: _____
PI DEPT: _____	MODIFICATION #: _____
BUSINESS MGR: _____	PRIME SPONSOR: _____
PROJECT #: _____	PRIME AWARD POP: _____
SUBRECIPIENT FULL LEGAL NAME (NO ABBREVIATIONS): _____	

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

\_\_\_\_\_ a) **Additional Time:** From (original POP): START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_  
To (new POP): START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

\_\_\_\_\_ b) **Additional or Reduced (-) Funding:**  
To Obligate This Action: \$ \_\_\_\_\_ New Cumulative Subaward Total: \$ \_\_\_\_\_  
*(\*NOTE: If this obligation differs from the original budgeted amount for the current award period, provide a revised budget, and if necessary, revised Statement of Work)*  
Additional Comments: \_\_\_\_\_

\_\_\_\_\_ c) **Other Type of Change:**  
\_\_\_\_\_ Key Personnel Change (please attach biosketch/CV)  
\_\_\_\_\_ Revised Statement of Work (please attach)  
\_\_\_\_\_ Reallocation of funds already awarded to Subrecipient (please attach revised budget)  
\_\_\_\_\_ Other Programmatic Change (please briefly describe below)  
\_\_\_\_\_  
\_\_\_\_\_

**Principal Investigator & Department Information:**

UMBC PI Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Mgr Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PRINCIPAL INVESTIGATOR / AUTHORIZED DESIGNEE & BUSINESS MANAGER ACKNOWLEDGEMENTS:**

By submitting the Subaward Modification Request Form, I acknowledge that the Subrecipient has satisfactorily met all project objectives and deliverables, and has submitted all required technical progress reports, to date.

UMBC Principal Investigator Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

UMBC Business Manager Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**OSP USE ONLY:**

Request Received by OSP: \_\_\_\_\_ Date: \_\_\_\_\_  
Modification Sent to Subrecipient: \_\_\_\_\_ Date: \_\_\_\_\_  
Modification Executed : \_\_\_\_\_ Date: \_\_\_\_\_  
Forwarded to Dept./PI to Update PO: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Once the Subaward Modification has been executed, OSP will forward a copy to the PI & Department to submit a change order to the PO, and for record keeping.**