

University of Maryland Baltimore County  
Office of Sponsored Programs  
**SUBAWARD MODIFICATION REQUEST FORM**  
(02/2018)



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

UMBC PI: \_\_\_\_\_ SUBAWARD #: \_\_\_\_\_  
 PI DEPT: \_\_\_\_\_ MODIFICATION #: \_\_\_\_\_  
 BUSINESS MGR: \_\_\_\_\_ PROJECT #: \_\_\_\_\_  
 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: \$ \_\_\_\_\_

Total Anticipated Cost (if fully funded) \$ \_\_\_\_\_ (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*)

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. to Update Account: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Once the Subaward Modification has been executed, OSP will forward a copy to the PI & Department to adjust award account, and for record keeping.**