

Complete the information below, obtain signatures and email a signed pdf to osp@lsu.edu or return original to OSP, 202 Himes Hall

Today's Date:	SPS Proposal # - Trx. #	LSU Award #	Mailing Deadline (if Applicable):
Principal Investigator (PI):		E-mail:	Phone:
Contact (if other than PI):		E-mail:	Phone:
Cost Center:		Sponsor:	

A. REQUEST TO MODIFY AN EXISTING AWARD—SPONSOR APPROVAL NEEDED

Attach a request addressed to sponsor for OSP approval of the following modification to an existing award:

- | | |
|--|--|
| <input type="checkbox"/> No-Cost Extension (New End Date: _____) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Revised Budget | <input type="checkbox"/> Request to add subaward |
| <input type="checkbox"/> Change in Scope | <input type="checkbox"/> Pre-award costs greater than 90 days (expanded authorities) |
| <input type="checkbox"/> Reduction/disengagement in
PI/Co-PI/Senior/Key Personnel Effort | <input type="checkbox"/> Pre-award costs not under expanded authorities |
| <input type="checkbox"/> Change of PI/CoPI/Senior/Key Personnel
(attach Change of PI/Co-PI Addendum) | <input type="checkbox"/> Additional compensation |
| <input type="checkbox"/> Transfer of an Award | <input type="checkbox"/> Other Request—Specify below:
_____ |
| <input type="checkbox"/> Termination of an Award | |

B. REQUEST TO MODIFY AN EXISTING AWARD—INTERNAL PRIOR APPROVAL (Attach Explanation/Justification)

Allowed for federal grants/cooperative agreements with Expanded Authorities. See Department Quick Reference Guide

<http://www.lsu.edu/administration/ofa/oas/spa/manuals/manuals.php>

- No-Cost Extension (1st No Cost Extension Only): New End Date: _____
- Additional Compensation
- Pre-Award Costs up to 90 days: Requested Pre-Award Start Date: _____
- Special Purpose Equipment Acquisition
- General Purpose Equipment Acquisition
- Alterations/Renovations (If sponsor approval is not required)
- Subcontracts not included in, or revised from, original proposal (NIH only)
- Other (Specify): _____

PI, Chair/Unit Director and Dean (if required by college policy) certify by signature below that the action request(s) is acceptable.

PI/UNIT/COLLEGE APPROVALS:	Approval Signature:	Date:
Principal Investigator: (REQUIRED)		
Chair/Unit Director: (REQUIRED)		
Dean: (Required, if by College Policy)		

Provide any notes to assist OSP in its review.

Below is for OSP Internal Use:

ADMINISTRATIVE APPROVALS:	Approval Signature:	Date:
Other:		
SPA Approval:		
OSP Approval:		

OSP, SPA notes/disclosures: