

Complete the information below and email completed form as a pdf to [subs@lsu.edu](mailto:subs@lsu.edu) or return original to OSP, 202 Himes Hall

|                              |                        |                       |                           |  |
|------------------------------|------------------------|-----------------------|---------------------------|--|
| Today's Date:                | GeauxGrants Proposal # | Purchase Order #      | LSU Award # (AWD or AWDC) | LSU Sub-k Award Line/Grant # (GR or GRC) |
| Principal Investigator (PI): |                        | E-mail:               |                           | Phone:                                   |
| Contact (if other than PI):  |                        | E-mail:               |                           | Phone:                                   |
| Cost Center (CC00XXXX):      |                        | Name of Subrecipient: |                           |  |

**MODIFICATION ACTION REQUESTED**

- Add Funding—Attach subrecipient's approved budget and statement of work (if revised).  
 Additional Amount to be Obligated: \$ \_\_\_\_\_ New Cumulative Total: \$ \_\_\_\_\_  
 Additional Cost Sharing to be Added: \$ \_\_\_\_\_ New Cumulative Total: \$ \_\_\_\_\_
- Decrease Funding—Attach subrecipient's approved budget and statement of work (if revised).  
 Amount to be Deobligated: \$ \_\_\_\_\_ New Cumulative Total: \$ \_\_\_\_\_  
 Cost Sharing to be Reduced: \$ \_\_\_\_\_ New Cumulative Total: \$ \_\_\_\_\_
- Modify Period of Performance (The subaward's period of performance must be equal to or within the beginning and ending dates of the prime award.)  
 New End Date: \_\_\_\_\_
- Terminate Existing Agreement (Minimum of 30 days notice required.)\*  
 Termination Effective Date: \_\_\_\_\_ \*Please explain in notes section below why subaward needs to be terminated.
- Other (Specify): \_\_\_\_\_

NOTE: OSP will email the electronic version of the amendment to the LSU Principal Investigator for review and approval. If the PI would like OSP to copy another individual (e.g. Cost Center Manager or Coordinator), please provide the name and email below).

|       |  |        |  |        |  |
|-------|--|--------|--|--------|--|
| Name: |  | Email: |  | Phone: |  |
|-------|--|--------|--|--------|--|

Provide any notes to assist OSP in preparing the subaward.

By signing below, I certify that I have read the following statements and further certify that they are accurate and truthful to the best of my knowledge and belief:

- The action requested on this form is accurate, reasonable and appropriate for the successful completion of the prime award.
- The Subrecipient's proposed costs have been reviewed by the PI and are considered reasonable for the technical effort proposed by the subrecipient (when applicable).
- Funding is available for this action and is an allowable cost under the terms and conditions of the Prime Award (when applicable).
- In the event this action represents a continuation or no cost extension, I am satisfied with the programmatic progress of the subrecipient.
- In the event this action represents additional funding, the subrecipient's proposed costs and activities have been reviewed by the PI and are considered allowable and reasonable for the technical effort proposed by the subrecipient.
- Any change to the previously certified conflict of interest has been disclosed to the Office of Sponsored Programs.

Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

**Below is for OSP Internal Use:**

|  |                     |                      |
|--|---------------------|----------------------|
| ADMINISTRATIVE APPROVALS:                              | Approval Signature: | Date:                |
| OSP Approval:  |                     |                      |
| OSP notes/disclosure                                   |                     |                      |
| Fixed Price <input type="checkbox"/> Cost Reimbursable | Prime Begin Date    | Prime End Date       |
|  |                     | Sponsor Award Ref. # |

UG (specialist to check if UG is incorporated through this mod and risk assessment is required)