



Request for Subaward Amendment/Modification

Office of Sponsored Programs
1960 Kenny Road, Columbus, OH 43210-1016

Instructions

Complete and submit this form with all attachments to your sponsored programs officer (SPO). Contact your SPO with questions.

Project Information

Project Number	Subaward Purchase Order Number RF
Ohio State PI	
Ohio State PI Email	Ohio State PI Phone

Subaward Information

Subawardee Institution	Admin Contact	
Admin Email	Admin Phone	
Principal Investigator	Principal Investigator Email	Principal Investigator Phone

Amendment/Modification Details

Change in end date	Change in amount of subaward funding	Change in subawardee cost share
New date: _____	<i>Attach itemized budget for additional funding amount.</i>	<input type="checkbox"/> Increase cost share by \$ _____
Is this a no cost extension of the subaward?	<input type="checkbox"/> Increase funding by \$ _____	<input type="checkbox"/> Decrease cost share by \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Decrease funding by \$ _____	New total \$ _____
	New total \$ _____	

Other changes. Please specify, i.e., revised Scope of Work (attach revised SOW), previously unbudgeted equipment, change of PI, etc.

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Signature

By my signature below, I certify that to the best of my knowledge neither the principals, directors, owners, employees or business associates (including their respective family members) of the subawardee selected are employees of The Ohio State University and/or any agency of the State of Ohio.

Signature of Principal Investigator Printed Name of Principal Investigator Date

Form Initiator (if not PI) Email Phone

FOR OSP USE ONLY (SPO - Send this completed form and two (2) copies of the executed amendment/modification to Purchasing)

_____	_____	_____
SPO Name	SPO Signature	Date