

**UNIVERSITY OF NEW ORLEANS
OFFICE OF RESEARCH**

SUBAWARD MODIFICATION REQUEST FORM

Date Received _____

REQUEST FOR MODIFICATION: Name of Subrecipient _____

Subaward Number: _____ UNO Account No./Speed Type _____

(Check all that apply)

Add'l Time FROM: (*Original*) START DATE: _____ END DATE: _____

TO: (*New*) START DATE: _____ END DATE: _____

Add'l \$ Amount this action: \$ _____ Total Authorized to date: \$ _____

Key Personnel Change (*Please Attach*) Terms & Conditions (*Please Attach*) Revise Budget (*Please Attach*)

Change SOW (*Please Attach*) Change Subaward Number _____

Other:

Modification Justification: _____

Please complete the following information:

Principal Investigator/Director: _____ Dept./College: _____

Email Address: _____ Phone No.: _____ Fax No.: _____

Principal Investigator/Designee Approval:

I have reviewed the technical and cost proposals for this subrecipient and based upon my professional experience and analysis of costs or prices proposed, find them to be appropriate, fair and reasonable for the work to be done.

Signature: _____

Date: _____

FOR OFFICE OF RESEARCH USE ONLY

__ Approved: No Amendment Needed Original Copy mailed by _____ Date: _____

__ Approved: Amendment Required Data Entry: _____ Date: _____

Authorized Signature _____