

## SUBAWARD MODIFICATION REQUEST FORM

Instructions: To change an existing subaward from UPRRP to another institution, organization or business, please complete the information requested below and returned via email to [ygalzarza@degi.uprrp.edu](mailto:ygalzarza@degi.uprrp.edu)

**UPRRP Principal Investigator's name:**

**UPRRP Principal Investigator's phone:**

**Subawardee Principal Investigator's name:**

**Subawardee Principal Investigator's phone :**

**Subawardee's Administrative contact:**

**MODIFICATION(S) REQUESTED (Check and complete all that apply):**

Change of period of performance:

Original or last modification:

Start date:

End date:

This modification request:

Start date

End date:

Termination of Agreement: (Minimum of 30 days notice to sub-recipient is required)

Termination Date:

Amount added: \$

Amount to be reduced: \$

Change in scope of work: Attach explanation of changes with a revised scope of work

Change in budget: Attach an explanation of changes with a revised budget.

Other:

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By signing below, I certify that I have reviewed the information above and that it is true and accurate to the best of my knowledge.

Principal Investigator Signature

Date