



This routing form has been updated November 2016. It supersedes ALL previous versions.

Office of Research Administration and Advancement
SUBRECIPIENT MODIFICATION REQUEST FORM
www.umces.edu

Please email this completed form signed by the Principal Investigator (PI) and any required documentation to oraa@umces.edu. No modifications will be made to existing subawards without this completed form.

Project # \_\_\_\_\_ Subaward # (if applicable) and PO# \_\_\_\_\_
PI \_\_\_\_\_
SUBRECIPIENT Full Legal Name (no abbreviations) \_\_\_\_\_

PI requests the following modification(s) to the current subaward (check all that apply):

Additional Time
Original Start: \_\_\_\_\_ Original End Date: \_\_\_\_\_ New End Date: \_\_\_\_\_
Additional (+) or Reduced (-) Funding
Current Funding Obligated: \_\_\_\_\_
Funding Change Requested: \_\_\_\_\_
Modified Total Obligation: \_\_\_\_\_
Other
Key Subrecipient Personnel Change (CV Attached)
Revised Budget and/or Scope of Work (Revisions Attached)
IRB/IACUC Protocol Status Change (Protocol Attached)
Other (Details Below)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Principal Investigator or Designee Approval (REQUIRED)

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

[Empty box for additional comments or routing]