



Request to Amend Consulting Agreement

Note: Once this form is complete, please email a signed copy to ORSP.Subs@du.edu to initiate the request.

Consultant Name: _____

Consulting Agreement # (CA3XXXX-XX): _____ Purchase Order #: _____ Grant Fund #: _____

Principal Investigator (DU): _____ E-mail: _____

Contact (if other than PI): _____ E-mail: _____

Modification Action Requested (Check and complete all applicable actions).

- Add Funding (Attach consultant’s approved budget and statement of work (if revised).
Additional Amount to be Obligated: \$_____ New Cumulative Total: \$_____
- Decrease Funding (Attach revised budget).
Amount to be Deobligated: \$_____ New Cumulative Total: \$_____
- Modify Period of Performance (The consultant’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. Please explain in comments section below why subagreement needs to be terminated). Termination Effective Date: _____
- Other (Specify): _____

Comments (Provide any additional information ORSP needs to complete this request).

Certifications

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.
- 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 progress of the consultant.
- In the event this action represents additional funding, the proposed costs and activities have been reviewed by the PI and are considered allowable and reasonable.

Either the PI or authorized departmental personnel must sign below in order for ORSP to issue the amendment.

Signature of PI: _____

Signature of Authorized Departmental Personnel: _____

Date: _____ Department: _____ Org: _____