



Request to Amend Subagreement

Note: Once this form is complete, please email a signed copy to ORSP.Subs@du.edu to initiate the request. A subrecipient monitoring record (page 2) must be provided, yearly at a minimum, based on the assigned requirements provided in the Subrecipient Monitoring Notice.

Subrecipient Name: _____
 Subagreement # (SC3XXX-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 action).

- Add Funding (Attach subrecipient’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 subaward’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 programmatic progress of the subrecipient.
- In the event this action represents additional funding, the subrecipient’s proposed costs and activities have been reviewed by the PI and are considered allowable and reasonable for the technical effort proposed by the subrecipient.

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: _____

Subrecipient Monitoring Record

DU policy requires that subrecipients are monitored to provide reasonable assurance that the use of resources is in compliance with laws, regulation, award terms, and that performance goals are achieved. This section must be completed if a subrecipient monitoring record has not been submitted to ORSP.

Reporting Performance Period: _____ to _____

Project Invoicing: Monthly Quarterly Other

*please ensure all invoices for reporting period have been processed

Scheduled Reporting Dates (based on the terms of the award)

REPORT DUE DATE	COMMENTS Ex. Annual progress report	ACTUAL DATE Date report was submitted

Informal Progress Reports Completed (these should generally take place at least quarterly)

DATE	METHOD Ex. e-mail, phone call, site visit	COMMENTS