

Subaward Modification Initiation Form

*Use this form only when requesting the issuance of a modification to an existing subaward. Please complete this form and send it, along with the required documents, to SPS-SubAwards@email.arizona.edu when initiating a modification to an existing subaward.

THIS IS AN INTERNAL DOCUMENT AND SHOULD NOT BE FORWARDED TO THE SUBRECIPIENT

Subaward Information		
UA Subaward PO Number:		
UAccess Financials Account Number:		
Current Subaward End Date:		
Subrecipient Name:		
Subaward Monitoring		
Is the project proceeding as envisioned or expected?	Yes	No
Has anything occurred during the period of the subaward that might cause re-evaluation of the Subrecipient?	Yes	No
Has the subrecipient submitted timely invoices and backup documentation in the current period of performance?	Yes	No
Has the subrecipient submitted progress reports, both financial and technical, to the satisfaction of the UA PI and department?	Yes	No
Modification Action: Select one of the following actions and complete the required information.		
No-Cost Period of Performance Extension:		
New End Date:		
Change in scope of work? If yes, attached revised scope of work	Yes	No
Additional Funding and Period of Performance Extension:		
Amount of Increase:	* Attach a budget and justification matching this amount	
New End Date:		
Change in scope of work? If yes, attached revised scope of work	Yes	No
Additional Funding no change in Period of Performance:		
Amount of Increase:	* Attach a budget and justification matching this amount	
Change in scope of work? If yes, attached revised scope of work	Yes	No
Other changes required. Describe the required change(s):		
Equipment (if Prime Award is Federal)		
Has any equipment been added to the Subrecipient's scope of work/budget for this project? If so, contact the SPS Property Administrator to determine whether or not a Property Survey is required.		
http://rgw.arizona.edu/sites/researchgateway/files/subaward_exhibit_9_subaward_property_survey.pdf		
Travel		
NOTE Subaward actions with travel will not be processed until this information is received.		
Will there be any foreign travel funded on this subaward action? If yes, please attach documentation regarding the location and purpose of the foreign travel for review.	Yes	No
Preparer's Information: Who prepared this form?		
Signature:	Name:	
Date:	Email:	