

**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)   |  |    |
| Will Subrecipient acquire equipment with award funds in order to fulfill the scope of work for this project?  | Yes  | No |
| Will prime sponsor furnish equipment to the Subrecipient?   | Yes  | No |
| Travel  |  |    |
| <b>*NOTE* Subaward actions with travel will not be processed until this information is received.</b>  |  |    |
| Will there be any <b>foreign</b> travel funded on this subaward action? If yes, please attach documentation regarding the <b>location and purpose of the foreign travel</b> for review. | Yes  | No |
| Preparer's Information: Who prepared this form?   |  |    |
| Signature:  | Name:  |    |
| Date:   | Email:   |    |