

SUBAWARD/SUBCONTRACT MODIFICATION FORM



To modify an existing subaward/subcontract from the University of South Florida to another Institution, organization or business, complete the required information below. Please e-mail the completed form to RFMCompliance@usf.edu

University of South Florida
Research & Innovation,
Department of Sponsored
Research
3702 Spectrum Blvd, Suite 165
Tampa, FL 33612

REQUESTOR	Last Name		First Name		Project Role	
	Telephone		Email Address		Prime Award Project Number	
	Former Subaward Project Number		Subaward Project Number		Modification Number	
					Subrecipient Organization	
					Purchase Order Number	

MODIFICATION(S) REQUESTED	Please check and complete all that apply.					
	<input type="checkbox"/>	Change of Project Period Dates	Original or Last Modification	Start Date	End Date	
			This Modification Request	Start Date	End Date	
	<input type="checkbox"/>	Termination of Agreement (Minimum of thirty (30) days notice to subrecipient is required)				
	<input type="checkbox"/>	Termination Date:	(mm/dd/yyyy)			
	<input type="checkbox"/>	Amount to be Added:	\$			
	<input type="checkbox"/>	Amount to be Reduced:	\$			
	<input type="checkbox"/>	Change in scope of work. (Please attach an explanation of the changes with a revised scope of work)				
<input type="checkbox"/>	Change in budget. (Please attach an explanation of the changes with a revised budget)					

SUBRECIPIENT MONITORING	Answer each of the following. If the answer is "No", please explain briefly in an attachment.						
	Did the subrecipient complete all work during the previous period in accordance with the scope of work and terms of the subrecipient agreement?					<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Did the subrecipient submit and complete technical reports on a timely basis?					<input type="checkbox"/> N/A	<input type="checkbox"/> No
	Did the subrecipient submit complete and timely invoices that were certified properly?					<input type="checkbox"/> N/A	<input type="checkbox"/> No
	Did the PI conduct on-site visits to the subrecipient?					<input type="checkbox"/> N/A	<input type="checkbox"/> No
	Were there any changes related to the following during the previous period. If the answer is "Yes", please explain briefly in an attachment.						
	Change of subrecipient PI or Key Personnel?					<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Change in Budget?					<input type="checkbox"/> No	<input type="checkbox"/> Yes
Change in Scope of Work?					<input type="checkbox"/> No	<input type="checkbox"/> Yes	

COMPLIANCE	Will Human Subjects be used going forward at the subrecipient institution?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, A copy of the subrecipient approval is required. (Contact the IRB at 813-974-5570 if you have any questions)
	Will Animals be used going forward at the subrecipient institution?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, A copy of the subrecipient approval is required. (Contact the IACUC at 813-974-5570 if you have any questions)

Comments

Principal Investigator Signature (Required)	Principal Investigator Name (Printed/Typed)	Date
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