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| *For ORSP Use Only* | | |
| *Date received in ORSP:* | *Received by:* | *Grant/Project ID:* |

**Post Award Modification Form**

*Instructions:* This form must be completed for all of the following post award modifications, including those associated with subawards: budget modifications; no-cost extensions; award transfers from or to another institution; changes to a project’s PI, scope, objectives, or personnel effort; other modifications requiring a sponsor’s prior approval. For all modifications related to current UWL awards, first request an available balance worksheet from the grant accountant and attach a copy to this form. Refer to the UWL [post award modifications procedures](https://www.uwlax.edu/grants/modifications/) for additional required documentation. Submit the completed form and required documentation to the Office of Research & Sponsored Programs (ORSP), 243 Graff Main Hall, at least 10 business days prior to a sponsor’s submission deadline for materials.

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| **Sponsor** | | | |
| Primary Sponsor: | | | Primary Sponsor Type: Choose an item. |
| 1.a. Is this a subaward to UWL?  Yes No | 2.a. Does this include a subaward from UWL to another entity?  Yes No | | |
| b. If yes, specify pass-through entity(ies): | b. If yes, specify entity(ies): | | |
| Does the sponsor have a submission deadline for this modification?  Yes No | | Sponsor Deadline (if applicable):  Click or tap to enter a date. | |

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| **Project Personnel** | | |
| UWL PI/PD: | Department: |  |
| Co-PI/PD: | Department or Institution: |  |
| Co-PI/PD: | Department or Institution: |  |
| Co-PI/PD: | Department or Institution: |  |

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| **Award Information** | |
| Project Title: | |
| Current Award End Date: Click or tap to enter a date. | Current Available Balance: $ |
| UWL Account & Project ID: | Sponsor Award ID: |

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| **Modification Type** | | |
| Check any of the seven below that apply and complete the applicable section(s). | | |
| Budget Modification  a. Type:  Revision  Increase  Decrease  b. Modified budget total: $  c. Will modification change the award end date?  Yes No  d. If yes, revised award end date:  Click or tap to enter a date. | No-cost extension  a. Available balance: $  b. Revised award end date:  Click or tap to enter a date. | Award transfer from or to another institution  a. Current institution:  b. New institution:  c. Requested transfer date:  Click or tap to enter a date.  d. Other institution’s sponsored research office contact:  Name:  Email:  Phone: |
| Change in project scope and/or objectives  Specify: | Change in project PI  Proposed PI: | Change in project effort  Specify personnel and proposed increase/decrease: |
| Other modification(s) requiring sponsor’s prior approval  Specify: | | |

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| **Justification** |
| Briefly summarize the nature of and rationale for the modification. If a budget modification or no-cost extension is being requested, describe how the award funds will be used. If a no-cost extension is being requested, also summarize the additional outcomes to be addressed during the extension. |
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| **Required Signatures** | | |
| **PI/PD** | | |
| In signing, I certify that, to the best of my knowledge, (1) the above and attached information is true, complete, and accurate; (2) the project is achievable as proposed in this modification; and (3) any false, fictitious, or fraudulent statements or claims may subject the PI to criminal, civil, or administrative penalties. | | |
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| *Printed Name* | *Signature* | *Date* |
| **Department Chair/Unit Director** | | |
| In signing, I certify that I have reviewed the requested modification and found it to be complete, including required assurances, compliance, budget, and commitments involving space, faculty/staff time, and cost sharing (current or future). I certify that all department/unit resources, commitments, and other provisions of this award will be fulfilled as described in the proposal. I recommend approval. | | |
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| *Printed Name* | *Signature* | *Date* |
| **College Dean/Division Director** | | |
| In signing, I certify that I have reviewed the requested modification and found it to be complete, including required assurances, compliance, budget, and commitments involving space, faculty/staff time, and cost sharing (current or future). I certify that all college/division resources, commitments, and other provisions of this award will be fulfilled as described in the proposal. I recommend approval. | | |
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| *Printed Name* | *Signature* | *Date* |
| **Chancellor or Representative** | | |
| In signing, I certify that this proposal has been thoroughly reviewed by the appropriate university officials and is approved for submission to the sponsor. | | |
| Melissa A. Nielsen |  |  |
| *Printed Name* | *Signature* | *Date* |