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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 Modificationa. Type:[ ]  Revision[ ]  Increase[ ]  Decreaseb. Modified budget total: $     c. Will modification change the award end date?[ ] Yes [ ] Nod. If yes, revised award end date: Click or tap to enter a date. | [ ]  No-cost extensiona. Available balance: $     b. Revised award end date: Click or tap to enter a date. | [ ]  Award transfer from or to another institutiona. 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 objectivesSpecify:       | [ ]  Change in project PIProposed PI:       | [ ]  Change in project effortSpecify personnel and proposed increase/decrease:       |
| [ ]  Other modification(s) requiring sponsor’s prior approvalSpecify:       |

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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. |
|       |  |  |
| *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* |