



Boston College
OFFICE FOR SPONSORED PROGRAMS

DEPARTMENTAL SUBAWARD MODIFICATION REQUEST FORM

Project Number : _____ Subaward Number: _____ Mod No.: _____

SUBRECIPIENT Full Legal Name (no abbreviations): _____

Department requests the following changes to the current subaward (check all that apply):

a) Additional Time: From (original) START date : _____ END date _____
To (new) START date: _____ END date _____

b) Additional (+) OR Reduced (-) Funding: This Action \$ _____

Total Obligated to date (includes current request) \$ _____

Total Anticipated (if incrementally funded) \$ _____

(NOTE: If this obligation differs from the original budgeted amount for the current award period, provide revised budget and, if necessary, revised Statement of Work signed by SUBRECIPIENT Authorized Official.)

c) Other*

Key Personnel Change (please attach CV) Change to terms & conditions (attach explanation)

Administrative Correction (please attach) Revised SOW (please attach)

d) OSP Administrative Change Only: Change Subaward Number ____ /Change in Compliance Requirement _____

*** Some of these changes may require Prime Sponsor approval, e.g., equipment not originally proposed and budget revisions exceeding 25%**

Other required information (Subrecipient)

Department Business Contact Name: _____ Administering Department: _____

Email: _____ Phone: _____

Lead Investigator Name: _____

Email: _____ Phone: _____

Principal Investigator/Designee Approval

I have reviewed the technical and cost proposals for this subrecipient and based upon my professional experience and analysis of the costs or prices proposed, find them to be appropriate, fair, and reasonable for the work to be done.

Signature: _____

Date: _____

Please return this form to...