



SUBAWARD MODIFICATION REQUEST FORM

Instructions: To change an existing subaward from UPRM to another institution, organization or business, please complete the information requested below and returned via email to griselle.hernandez2@upr.edu

UPRM Principal Investigator name: _____

UPRM Principal Investigator phone: _____

Subawardee's name: _____

Subawardee's PI: _____

Subawardee's Administrative contact: _____

UPRM subcontract number: _____

Modification number: _____

UPRM account number: _____

MODIFICATION(S) REQUESTED (Check and complete all that apply):

Change of period of performance:

Original or last modification: Start date: _____ End date: _____

This modification request: Start date: _____ End date: _____

Termination of Agreement: (Minimum of 30 days notice to sub-recipient is required)

Termination Date: _____

Amount added: \$ _____

Amount to be reduced: \$ _____

Change in scope of work: Attach explanation of changes with a revised scope of work

Change in budget: Attach an explanation of changes with a revised budget. The new budget must be reviewed by the Office of External Resources.

Other: _____

By signing below, I certify that I have reviewed the information above and that it is true and accurate to the best of my knowledge.

Principal Investigator Signature

Date