

SUBAWARD MODIFICATION CHECKLIST

To change an existing subaward/subcontract from Rutgers to another institution, organization or business, complete the required information below. Send this completed form via email to your grant/contract specialist to expedite processing.

Requestor's Name and/or Role on Project: _____

Requestor's Phone: _____

Requestor's e-mail: _____

RU subcontract # _____ Modification #: _____

RU Account # _____ RIAS Organizational ID#: _____

Purchase Order #: _____ RIAS Building Location Code _____

Modification(s) Requested (check and complete all that apply):

Change of Project Period Dates: 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 to be Added: \$ _____

Amount to be Reduced: \$ _____

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

Change in budget: Attach an explanation of changes with a revised budget.

SUB-RECIPIENT MONITORING: Answer all the below. If the answer is "NO" please explain briefly in an attachment.

Did the sub-recipient complete all work during the previous period in accordance with the scope of work and terms of the sub-recipient agreement?	Yes	No
Did the sub-recipient submit complete technical reports on a timely basis?	Yes	No
Did the sub-recipient submit complete and timely invoices that were properly certified?	Yes	No
Did the PI conduct on-site visits to the sub-recipient?	Yes	No
Were there any changes related to the following during the previous period:		
Change of Sub-recipient PI or Key Personnel?	Yes	No
Change in Budget?	Yes	No
Change in Scope of Work?	Yes	No

IRB/IACUC:

Will human subjects be used going forward at the sub-recipient Institution? (If "Yes" please attach the sub-recipient IRB Approval)	Yes	No
Will animals be used in the course of the research at the sub-recipient Institution? (If "Yes" please attach the sub-recipient IACUC Approval)	Yes	No

My signature below certifies that I have reviewed the information above and that it is true and accurate to the best of my knowledge:

Principal Investigator Name (Printed/Typed)

For ORSP internal use only:
__ S/C 37000: _____
__ S/C 37100: _____

Principal Investigator Signature