

SUBAWARD/SUBCONTRACT MODIFICATION CHECKLIST



To modify an existing subaward/subcontract from Rutgers to another Institution, organization or business, complete the required information below. Please email the completed form to ru_subawards@ored.rutgers.edu

FOR ORSP USE ONLY

REQUESTOR	Last Name		First Name		Project Role			
	Phone	E-mail		Subcontract Number		Modification Number		
	First \$25K (N/A if previously applied)	Project ID	Expenditure Type	Unit/Div/Org (UDO)	Location		Business Line	Amount
		\$25K+	Project ID	Expenditure Type	Unit/Div/Org (UDO)	Location		Business Line
	Who should receive invoice certification?							

MODIFICATION(S) REQUESTED	Please check and complete all that apply.			
	<input type="checkbox"/> Change of Project Period Dates	Original or Last Modification	Start Date	End Date
		This Modification Request	Start Date	End Date
	<input type="checkbox"/> Termination of Agreement (Minimum of thirty (30) days notice to sub-recipient is required)			
	<input type="checkbox"/> Termination Date: (mm/dd/yyyy)			
	<input type="checkbox"/> Amount to be Added: \$			
	<input type="checkbox"/> Amount to be Reduced: \$			
	<input type="checkbox"/> Change in scope of work. (Please attach an explanation of the changes with a revised scope of work)			
<input type="checkbox"/> Change in budget. (Please attach an explanation of the changes with a revised budget)				

SUBRECIPIENT 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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Did the sub-recipient submit and complete technical reports on a timely basis?	<input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Did the sub-recipient submit complete and timely invoices that were properly certified?	<input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Did the PI conduct on-site visits to the sub-recipient?	<input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Were there any changes related to the following during the previous period. If the answer is "Yes", please explain briefly in an attachment.		
	Change of sub-recipient PI or Key Personnel?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Change in Budget?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Change in Scope of Work?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

COMPLIANCE	Will Human Subjects be used going forward at the sub-recipient institution?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, A copy of the sub-recipient approval is required. (Contact the IRB at 848-932-4018 if you have any questions)
	Will Animals be used going forward at the sub-recipient institution?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, A copy of the sub-recipient approval is required. (Contact the IACUC at 848-932-4012 if you have any questions)

Comments

Principal Investigator Signature (Required)	Principal Investigator Name (Printed/Typed)	Date
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