

UNIVERSITY OF IDAHO
OFFICE OF SPONSORED PROGRAMS
SUBAWARD AMENDMENT REQUEST FORM

SUBAWARD INFORMATION

Subaward Number:

Subrecipient's Name:

UI PI:

SUBAWARD AMENDMENT INFORMATION

- End Date Extension ONLY.** New subaward end date:
- Additional/Incremental Funding.** Additional amount to be issued: \$
Index/PO #:
Budget is: Attached.
 Unchanged from the signed subaward agreement.
- End Date Extension & Additional Funding.** Additional amount to be issued: \$
Index/PO #:
Budget is: Attached.
 Unchanged from the signed subaward agreement.
New subaward end date:
- Change to Cost Share Requirement.** Cost Share _____ in the amount of \$
Revised budget & justification is: Attached
- Re-budget of Funds.** Revised budget is: Attached.
Justification is: Attached.
- Other: PI Change, Revise Scope of work.** Revision is requested to the _____.
 Documentation is attached.

I hereby authorize the Office of Sponsored Programs to process the above Subaward Amendment Request.

UI Principal Investigator

Date

**** Incomplete or inaccurate forms will be returned without review to the DGA & PI. It is the DGA/PI's responsibility to work with the appropriate University department to provide corrected information.*

RETURN COMPLETED FORMS TO OSP-CONTRACTS@UIDAHO.EDU