

Request for Subaward or Subcontract Amendment
Office of Sponsored Programs, University of Idaho

UI Budget Number:	Subaward number:
Subawardee Name:	Purchase Order #:

Select subaward changes from the items below:

<input type="checkbox"/> End Date Extension Only	New End Date Requested:
<input type="checkbox"/> Additional/Incremental Funding. <small>(Note: A requisition must be entered for additional funding. OSP cannot issue a subaward amendment without a purchase order full the full amount of the subaward in place).</small>	Additional Budget Amount: <i>NOTE: Please attach detailed budget & scope of work.</i> Requisition/PO #: (must reflect total amount of subaward) <i>NOTE: Please attach detailed budget & scope of work</i>
<input type="checkbox"/> End Date Extension & Additional Funding. <small>(Note: A requisition must be entered for additional funding. OSP cannot issue a subaward amendment without a purchase order in place for the full amount of the subaward).</small>	New End Date Requested: Additional Budget Amount: Requisition/PO #: (must reflect total amount of subaward) <i>NOTE: Please attach detailed budget & scope of work</i>
<input type="checkbox"/> Cost Share Change (addition, reduction, rebudget of cost share). <i>NOTE: Provide a revised cost share budget and justification/explanation for the change.</i>	
<input type="checkbox"/> Re-Budget of Funds <i>NOTE: Please attach detailed budget and justification.</i>	
<input type="checkbox"/> Other – Change of PI, Revision of Scope of Work, etc <i>Identify specifically the change requested and provide necessary documentation:</i>	
Notes/Comments:	

If you have questions, contact OSP for assistance at 885-6651.

Certifications and Approvals:

I hereby authorize the Office of Sponsored Programs to process the above request.

Principal Investigator:

Date