

Subaward Modification Request Form

2019.01

Use this form to request changes to a Subaward . Please email the completed form to subawards @montana.edu.							
MSU	IPI:						
Subcontract ID number: MSU Grant index							
Recipient Organization / Name:							
	Check below the changes that need to be made to the agreement and provide required information						
	Change the period of performance						
ľ		New End Date:					
	Changes to the budget						
	Amount to increase/decrease*:						
	New award total (current subaward amount plus amount	ount to change):					
	*Complete the Budget Amendment fields on page 2						
	Changes to the cost share amount						
	Amount to increase/decrease*:						
	New cost share total (current cost share amount plus amount	ount of change):					
	*Complete the Cost Share Budget Amendment fields on page 2						
	Change the narrative scope of work - attach additional page(s	s) if necessary					
	Change the reporting requirements - attach additional page(s) if necessary						
	Other changes – provide information as needed						
L			Data				
MSU's Principal Investigator's signature – electronic acceptable							
Use the signature tool (pen icon) in the Adobe toolbar if you wish to sign electronically							
Note: Pl's signature indicates acceptance of PI Responsibilities:							
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Additional Information:

Montana State University (MSU)- Office of Sponsored Programs SUBAWARD BUDGET/ COST SHARE MODIFICATION

Provide the budget for the funding as requested on Page 1- Changes to the Budget: Amount to increase/decrease and Changes to the Cost Share amount: Amount to increase/decrease, if applicable.

Budget Amendment				
Salaries				
Benefits				
Sub Awards				
Contracted Services				
Supplies				
Communication				
Foreign Travel				
Domestic Travel	Domestic Travel			
Rent				
Repair and Maint				
Awards				
Participant Support				
Capital Equipment				
Major Renovations				
		Total Direct Costs		
		Total Indirect Costs		
Rate =	enter as decimal (. ####) Base=	enter \$ amount		
		Total Costs		

Cost Share Budget Amendment (if applicable)				
Salaries				
Benefits				
Sub Awards				
Contracted Services				
Supplies				
Communication				
Foreign Travel				
Domestic Travel				
Rent				
Repair and Maint				
Awards				
Paticipant Support				
Capital Equipment				
Major Renovations				
Total Direct Costs				
		Total Indirect Costs		
Rate =	enter as decimal (. ####) Base=	enter \$ amount		
		Total Cost Share		

Additional Information: