**Subaward Modification Initiation Form**

In order to initiate a modification or amendment to an existing subaward, please submit this form, along with any additional forms and information as indicated below, to SPS-Subawards@email.arizona.edu . Please contact us by email if you have any questions or need assistance.

SPCS – Subaward Services

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| UA Subaward PO Number:       | Date Submitted:       |
| UA Principal Investigator:       | UA Department:       |
| Submitted by:       | Email:       | Phone:       |
| Current Subaward End Date:       | Current Prime Award End Date:       |

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| **A. Modification Actions** |
| 1. **End Date Change.** Is the end date of the subaward being changed?

[ ]  No[ ]  Yes – Please enter the new end date:       |
| 1. **Budget Change.** Is funding being increased/decreased with this action?

[ ]  No[ ]  Yes – Please enter the funding changes as appropriate and attach the new budget and budget justification as described in E2 and E3 below. *If the budget and budget justification for this period were already included in the original agreement, and there are no changes, the budget and budget justification (see E2 and E3 below) do not have to be attached.* Funding for period covered by this modification:       Carry forward approved for this modification:       Funding decreased by this amount:      Comments or other budget instructions:       |
| 1. **Workscope Change.** Is the workscope being modified with this action?

[ ]  No[ ]  Yes – Please attach the new workscope as described in E1 below. |
| 1. **Other Changes.** Please describe any other changes that need to be made to this subaward.
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| **B. Subaward Details**  |
| 1. **Human Subjects**

Will the subrecipient be conducting human subjects research under this subaward?[ ]  Yes – It is the department’s responsibility to ensure that appropriate IRB review is in place prior to the initiation of any human subjects research at the subrecipient [ ]  NoWill human subjects data be exchanged with the subrecipient during the period covered by this modification?[ ]  Yes – If you did not complete the [Human Subjects Data Questionnaire](https://rgw.arizona.edu/administration/home/forms-and-templates#SubawardsSubrecipients) at the time the initial subaward was put into place, please complete it and submit with this modification request.[ ]  No |
| 1. **Vertebrate Animals.** Will the subrecipient’s research involve work with vertebrate animals during the period covered by this modification?

[ ]  Yes – If you did not obtain approval from IACUC at the time the initial subaward was put into place, please contact IACUC at ORCR-IACUC@email.arizona.edu. The modification cannot be signed until the UA IACUC office provides Subaward Services with approval to proceed[ ]  No |
| 1. **Equipment**

Yes No[ ]  [ ]  Will the subrecipient acquire equipment with award funds in order to fulfill the scope of work for this project during the period covered by this modification?[ ]  [ ]  Will the prime sponsor furnish equipment to the subrecipient during the period covered by this modification? |
| 1. **Foreign Travel.** Will there be any foreign travel funded on this subaward action?

[ ]  Yes – Please attach documentation regarding the location and purpose of the foreign travel, if it was not previously provided[ ]  No |
| **C. Subrecipient Monitoring**  |
| Has the performance of the subrecipient been satisfactory, and has the subrecipient submitted the required invoices, backup documentation, and progress reports?[ ]  Yes[ ]  No – Please explain:       |
| **D. Cost/Price Analysis and Certification** |
| Complete this section *only if this action increases the budget, and the budget increase is not described in the original multi-year budget contained in the parent agreement*.[ ]  All costs proposed by the subrecipient under this subaward modification were reviewed and approved by the UA Principal Investigator as reasonable and necessary for the proposed scoped of work. Items reviewed include:* Salaries and level of effort have been reviewed and appear to be reasonable for the proposed scope of work
* Specific equipment, fabricated equipment, and/or supplies are separately listed and are appropriately based on standard or catalog prices, or vendor quotes
* Travel, if any, appears to be necessary, and trips are priced separately and correctly, based on both technical review and review of published air fares, hotel rates and per diem rates.
* Indirect cost rates and fringe benefits were based on either the current negotiated rate with the federal government, or a 10% *de minimus* indirect cost rate (8% for foreign recipients with an NIH prime) was used.

I, the UA Principal Investigator on the prime award, certify that the information I have provided above is, to the best of my knowledge, an accurate assessment of the subrecipient’s budget, and I have retained supporting documentation.PI Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      ***Please retain supporting documentation for the above certification in departmental files for seven years.You may be required to produce this documentation in the event of a federal audit.*** |
| **E. Additional Information** |
| Include the following documents with your Subaward Modification Initiation Form, and indicate below which items have been included. *Failure to include the required items will cause the review to be put on hold.*[ ]  1. **Subrecipient Scope of Work.** *Only include if required per Sec. A3 above.* Please provide an accurate and clean copy, since this will be inserted directly into the contract. This should be specific for subrecipient activities, not UA activities, and cover the work funded under this action. It should include details on what the project hopes to accomplish, methodology used, timelines, and deliverables.[ ]  2. **Subrecipient Budget.** *Only include if required per Sec. A2 above.* Please provide an accurate and clean copy, since this will be inserted directly into the contract. If this will be incrementally funded, the budget must clearly separate the budgeted amount for the period funded under this action, matching the amount listed in Sec. A.3 above.[ ]  3. **Subrecipient Budget Justification.** *Only include if required per Sec. A2 above.* The budget justification must be specific for the subrecipient activities, not UA activities, and cover the work funded under this action.[ ]  4. **Additional Attachments.** Please list any additional attachments included with the form:       |
| **F. Comments** |
| Please provide any additional comments or information below:      |