

Subaward Amendment Request Form

VCU Information: *(All items must be completed)*

Principal Investigator: _____ Prime Award Number: _____

InfoEd Proposal Tracking Number: _____ Subaward Number: _____

*Banner Organization (Index) Code for VCU Award (home account): _____

*Banner Organization (Index) Code for this Subaward: _____

*These numbers are required; no further processing will occur until both numbers are received by OSP.

Fiscal Administrator: _____ FA E-mail: _____

Subaward Amendment Information: *(All items must be completed)*

Amendment Number: _____ Effective Date: _____ Encumbrance Number: _____

Period of Performance: Start Date: _____ End Date: _____

Amount Funded This Action: DC: _____ F&A: _____ Total: _____

Project Title: _____

Amendment Change(s): _____

Collaborator Information: *(All items must be completed)*

Collaborator: _____ Project Director: _____

Administrative Contact

Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Authorized Official

Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Principal Investigator Approval:

By signing below, I certify that I have read the following statements and certify that they are accurate and truthful to the best of my knowledge and belief:

The project or relationship with this Subawardee/Subcontractor (check one) ___does or does not ___ present a potential for conflict of interest or the appearance of a conflict. All investigators have provided a complete disclosure of this matter, as instructed by current University policy and/or Federal regulation.

The Subawardee/Subcontractor’s proposed costs have been reviewed and are reasonable for the technical effort proposed.

Funding is available for this subaward/subcontract and is an allowable cost under the terms of the Award.

Principal Investigator Signature: _____ **Date:** _____

Fiscal Technician Acknowledgment:

By signing below, I certify that I have read the following statements and understand my responsibilities in the administration of these funds:

The funds awarded for this project are reserved for payment of services to said Subawardee/Subcontractor and shall be encumbered by OSP, as instructed by current University policy and/or Federal regulation, and I will not alter the encumbrance, but rather seek approval and assistance from OSP if/when necessary.

Fiscal Technician Signature: _____

Date: _____

Submit Form to: Office of Sponsored Programs, 800 E. Leigh Street, Suite 113
PO Box 980568, Richmond, VA 23298-0568