Contract and Grant Administration
MICHIGAN STATE UNIVERSITY

SUBAWARD MODIFICATION REQUEST FORM

To request a modification to an existing subaward agreement on an RC account, please send the completed form and supporting documentation (if required) to CGA's Subaward Team at subawards@cga.msu.edu.

Subaward Information

Subaward Number (Example: RC123123MSU)**:**	
Subrecipient Name:	
Subrecipient Principal Investigator:	

Subaward Modification Type Requested (check and complete all that apply)

☐	**Provide Additional Budget Period / No-Cost Extension** New End Date:	
☐	**Add Funding** • Matching subaward budget documents required $ Amount to be Obligated:	
☐	**Reduce Funding** • Matching subaward budget documents may be required $ Amount to be Deobligated:	
☐	**Revise Subaward Scope of Work** (SOW) • Revised subaward SOW document required • Prior Sponsor approval may be required	
☐	**Replace Subrecipient PI / Reduction of Subrecipient PI Effort < 25%** • If Subrecipient PI is key personnel on MSU's prime award, prior Sponsor approval may be required for this change. (Award Separation & Key Personnel Changes) • Proposed replacement PI Biosketch or CV required • Other support documentation • Revised budget documents with level of effort as applicable Effective Date:	
☐	**Terminate Subaward Agreement** • Justification required. Indicate if termination is due to cause or convenience. Effective Date (*30 day notice required*):	
☐	**Revise Subaward Budget** • Matching budget documents required. • May or may not require formal modification to subaward	
☐	**Approve Subaward Carryover** • Only applies to awards/subawards with carryover restrictions • Prior Sponsor approval and matching budget may be required $ of Carryover to be approved:	
☐	**Closeout Subaward** • By requesting closeout, you confirm the subaward has ended, final subaward invoice has been received and processed, and all work is complete.	

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Subrecipient Monitoring

	YES	NO
To date, has the subrecipient satisfactorily completed work in accordance with the terms of the subaward agreement?	☐	☐
Is the subrecipient current with submitting invoices/financial reports in accordance with the terms of the subaward agreement?	☐	☐
Have you verified the subaward information in CGA's Account Explorer system (amount obligated, funds paid, funds remaining, etc.) matches your department's records for this agreement?	☐	☐

If you answered "no" to any of the above questions, please provide an explanation:

Additional Information/Comments:

By signing and submitting the subaward modification request form, you are confirming the enclosed requested changes are approved by the MSU Principal Investigator of the prime award and/or Fiscal Officer of the RC account. (for awards managed internally by Henry Ford Health, you are confirming you are an authorized representative submitting a subaward modification request on behalf of HFH.)

Signature | Date

SUBMIT TO CGA's SUBAWARD TEAM

CLEAR FORM