

Complete the information below and email completed form and attachments as a pdf to [subs@lsu.edu](mailto:subs@lsu.edu) or return original to OSP, 202 Himes Hall

|                                   |                        |                               |   |
|-----------------------------------|------------------------|-------------------------------|---|
| Today's Date:                     | GeauxGrants Proposal # | Workday Award # (AWD or AWDC) | Workday Subaward Grant Line (GR or GRC) |
| Purchase Order Number:            |                        | Cost Center (CC00XXXX):       |   |
| Lead Principal Investigator (PI): |                        | E-mail:                       | Phone:                                  |
| Contact (if other than PI):       |                        | Email:                        | Phone:                                  |

**A. SUBRECIPIENT INFORMATION**

|                        |  |        |  |        |  |
|------------------------|--|--------|--|--------|--|
| Name of Subrecipient:  |  |        |  |        |  |
| Business Contact Name: |  | Email: |  | Phone: |  |
| PI Contact Name:       |  | Email: |  | Phone: |  |

**B. MODIFICATION ACTION REQUESTED:**

- Total Period of Performance to date (including this amendment): \_\_\_\_\_ to \_\_\_\_\_
- New Cumulative Agreement Total (including this amendment): \$ \_\_\_\_\_
- New Cost Sharing Cumulative Total (including this amendment): \$ \_\_\_\_\_

Add Funding—Attach subrecipient's approved budget and statement of work (if revised).  
 Additional Amount to be Obligated: \$ \_\_\_\_\_ Additional Cost Sharing to be Added: \$ \_\_\_\_\_

Decrease Funding—Attach subrecipient's approved budget and statement of work (if revised).  
 Amount to be Deobligated: \$ \_\_\_\_\_ Cost Sharing to be Reduced: \$ \_\_\_\_\_

Modify Period of Performance (The subaward's period of performance must be equal to or within the beginning and ending dates of the prime award.)  
 New End Date: \_\_\_\_\_

Terminate Existing Agreement (Minimum of 30 days' notice required.) \*  
 Termination Effective Date: \_\_\_\_\_ \*Please explain in notes section below why subaward needs to be terminated.

Other (Specify): \_\_\_\_\_

NOTE: OSP will send the electronic version of the subaward amendment to the LSU Principal Investigator in GeauxGrants for review and approval.

Provide any notes to assist OSP in preparing the subaward amendment:

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

- The action requested on this form is accurate, reasonable and appropriate for the successful completion of the prime award.
- The Subrecipient's proposed costs have been reviewed by the PI and are considered reasonable for the technical effort proposed by the subrecipient (when applicable).
- Funding is available for this action and is an allowable cost under the terms and conditions of the Prime Award (when applicable).
- In the event this action represents a continuation or no cost extension, I am satisfied with the programmatic progress of the subrecipient.
- In the event this action represents additional funding, the subrecipient's proposed costs and activities have been reviewed by the PI and are considered allowable and reasonable for the technical effort proposed by the subrecipient.
- Any change to the previously certified conflict of interest has been disclosed to the Office of Sponsored Programs.

Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_