

Subaward Amendment Request Form

VCU Information:

Principal Investigator _____ Prime Award Number _____
 VCUeRA PT/PD Number _____ Sub-award Number SC _____
 Org Code (Index) for Home Account: _____
 Org Code (Index) for this Sub-award: _____
 Fiscal Administrator _____ FA E-mail _____

Subaward Amendment Information:

Amendment Number _____ Effective Date _____ Encumbrance Number _____
 Budget Period: Start Date: _____ End Date: _____
 Amount Funded This Action DC: _____ IC: _____ Total: _____
 Amendment Change(s) _____

Collaborator Institution Name: _____

Complete if a change is needed: Project Director: _____

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 Sub-recipient (check one) _____ does or does not _____ present a potential for conflict of interest or the appearance of a conflict of interest. All investigators have provided a complete disclosure as instructed by current University policy and/or Federal regulation.

The Sub-recipient's proposed costs have been reviewed and are reasonable for the technical effort proposed.

The Sub-recipient has demonstrated adequate progress on the agreed Scope of Work.

Funding is available for this sub-agreement and is an allowable cost under the terms of the Award.

Principal Investigator Signature: _____

Date: _____

Fiscal Technician Acknowledgement:

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 Sub-recipient and shall be encumbered by OSP, as instructed by current University policy and/or Federal regulation. I will not alter the encumbrance, but rather seek approval and assistance from OSP if/when necessary.

All the previous budget period's approved invoices have been submitted to Accounts Payable.

Fiscal Technician Signature: _____

Date: _____

Submit Form to:

OSPAWARD@VCU.EDU
 Office of Sponsored Programs
 PO Box 980568 Richmond, VA 23298