

Western SARE Project Modification Request Form

Directions: Fill out the top portion of this page and each applicable section for which a modification is requested.

Email the completed form to the Program Manager for your grant program (see website) and copy:

jennifer.vonsehlen@montana.edu Justification is required for each modification requested; leave other sections blank. Use the last page to update other contacts listed in the Subaward Agreement. Modification requests **MUST** be submitted by either the PI or the subrecipient's Authorized Official (AO). *By submitting this form to Western SARE, the PI and the subrecipient's Authorized Official affirm agreement with the proposed project modifications.*

Check here ONLY if modifications are being requested at award time, prior to having a fully executed Subaward Agreement in place. Note: PI/entity will not have a MSU Subaward ID #.

PI Name (first and last):

Subrecipient Name:

Project Title:

Western SARE Project #:

MSU Subaward ID #:

(GXXX-XX-WXXXX)

No-Cost Extension: Answer questions below

New End Date Requested:

Provide a brief summary of project progress to date. *For all sections below, use space provided on last page, if needed.*

Provide justification for the no-cost extension, i.e., why is the NCE necessary. Indicate if this is a subsequent NCE request.

Provide a timeline for the portion(s) of the project to be completed during the extension period.

If an unobligated balance (i.e., uncommitted funds) at the end of the original project end date is projected, indicate how remaining funds will be used.

Re-budget: Re-budgeting from one budget category to another is permissible to carry out the original approved Scope of Work (see Attachment 5A of the Subaward Agreement). Re-budgeting among budget categories in excess of 10% of the overall award amount and/or introducing a new budget category requires pre-approval. Provide the proposed re-budget and enter the justification in the box below.

Budget Category	Current Budget ¹	Changes (+/-) ²	Revised Budget ³
Salaries			
Benefits			
Lower-tier Sub Awards			
Contracted Services			
Supplies			
Communication			
Foreign Travel*			
Domestic Travel			
Rent			
Repair & Maintenance*			
Awards^			
Participant Support			
Total Direct Costs			
Total Indirect Costs (F&A)			
Total Costs			

*Foreign Travel and Repairs & Maintenance are uncommon expenses on Western SARE awards; requires pre-approval.

^Awards is used ONLY for Graduate Student Tuition Remission – allowed ONLY on Research & Education grant program.

¹Enter current, approved budget, see the Subaward Agreement/Amendment, Attachment 5

²Total Costs on Changes column should equal \$0. Enter values as plus (+) or minus (-) for each category where changes are needed.

³Revised Budget values will auto-calculate if using Adobe digital format.

Re-budget Justification (use space provided on last page, if needed)

Change of Principal Investigator (PI): In the box below, enter an explanation for the PI change and address the proposed PI’s qualifications to carry out the remainder of the project. Use space provided on last page, if needed.

Provide the following details for the proposed new PI (necessary for amending the subaward agreement):

Name: _____ **Title/Position:** _____
Inst./Org./Business Name: _____
Email: _____ **Phone:** _____
Business Address: _____

Additional Requirements: *An email originating from the current/named PI relinquishing their role must be sent with the PI change request. A letter of commitment from the proposed PI as well as their curriculum vitae/resume and Current & Pending MUST be included (attached) with this request.*

Revised Scope of Work: Revisions to the Scope of Work that result in significant changes to the project outcomes and objectives will only be considered under extenuating circumstances. Such revisions must be reviewed and approved by the Western SARE Executive Committee. In the box below, explain the circumstances that led to the requested change(s). **Attach** the revised Scope of Work or use space provided on last page.

Other Project Modification NOT Listed Above: **Attach** request or use space provided on last page.

Western SARE Office Use Only:	
Changes to reporting requirements:	
Other changes:	
Project Modification(s) Approved by Western SARE Regional Coordinator:	Date:
Western SARE RC Signature – digital accepted	

This page provided for additional justification/narrative

Montana State University (MSU) - Office of Sponsored Programs (OSP)**UPDATE/REPLACE Subrecipient Contacts****MSU SUBAWARD ID:***(EX: G123-YY-W####)*

Complete **all** fields on this form for any contact role that needs to be updated or replaced. Award documents and related correspondence will be delivered by email to the contact roles listed below. For multiple email addresses within a single role, please separate email addresses with a semi-colon. If there are no changes to a role, please leave that role blank.

Please email the completed form to subawards@montana.edu for processing.

Subrecipient Institution/Organization					
Name:				Email:	
Address:					
City:		State:		Zip Code (9 digits):	

Subrecipient Administrative Contact					
Name:					
Address:					
City:		State:		ZipCode:	
Telephone:			Email:		

Subrecipient Principal Investigator					
Name:					
Address:					
City:		State:		ZipCode:	
Telephone:			Email:		

Subrecipient Financial Contact					
Name:					
Address:					
City:		State:		ZipCode:	
Telephone:			Email:		

Subrecipient Authorized Official: authorized to sign for the subrecipient institution					
Name:					
Address:					
City:		State:		ZipCode:	
Telephone:			Email:		

For MSU Internal Use Only:

Processed by/date

E-file

Resend Pending/date

Issue Amend/date