SUBAWARD AMENDMENT REQUEST FORM*

IU Award Information:						
IU Principal Investigator:						
Department Contact:						
IU Grant Account Number:						
Subaward Number:						
	Subrecinier	nt Information:				
Subrecipient Institution ("Subrecipient"):	<u> </u>	it information.				
Subrecipient PI:						
Subrecipient Administrative Contact Email:						
ΔΜΕΝΓ	MENT INFORM	ATION (check all that apply)				
AMENDMENT INFORMATION (check all that apply)						
Increased funding (Not Carryover)						
Funding Type:	Next Year	Supplemental				
Amount of increase:		New end date (if any):				
Updated Total Amour						
Required documents:	•	Updated Budget (Cost Reimbursement)				
	estone and Payment Schedule (Fixed Price)	, ,				
Updated Payment Schedule (Fixed Rate)						
Decreased funding Amount of de	crease:	New end date (if any):				
Updated Total Amour	nt:					
Required documents:		Updated Budget (Cost Reimbursement)				
	Updated Mile	Updated Milestone and Payment Schedule (Fixed Price)				
No-cost extension New End Dat	e*:					
*Date cannot extend	l past prime aw	ard end date.				
	-					
Subrecipient Carryover (Funds that	t were awarded	in prior year to sub)				
Amount of Carryover		Undated Total Amount				

Amount of Carryover:

Required documents: Updated Budget (Cost Reimbursement)

Updated Milestone and Payment Schedule (Fixed Price)

Change in scope of work

Required document: Updated Scope of Work

Other (e.g., change in IU or Subrecipient PI, revised budget, change in start date)

Briefly describe below and attach justification for change, any Subrecipient approvals and other documentation.

I certify that the above information and the statements included in this paragraph are true and accurate and that there are sufficient funds available for this request in the account specified above. I understand that while the Office of Research Administration will sign any agreements associated with this request, the Project Director and Fiscal Officer (or other appropriate departmental personnel) have agreed to take responsibility for the activities related to this request, including obtaining any necessary Biological Safety, Human Subjects, or Animal Care & Use approvals. (More information can be found at: https://research.iu.edu/compliance/index.html.)

Requestor Name:	Date:	
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DIRECTIONS:

Please submit this form and all required documents to subaward@iu.edu.

^{**}For guidance on specific fields above, please refer to guide below.

Subaward Amendment Requests – Field Guidance

(Please contact subaward@iu.edu if you have additional questions as not all fields are explained below.)

IU Principal Investigator: Person listed as the Principal Investigator for this project in Kuali Coeus (KC).

IU Grant Account Number: This is the 7-digit account IU account number that ORA has set up for the grant/contract. These accounts will begin with a 4 or a 5. Note that Subawards *cannot* be processed on Advanced Accounts.

Subaward Number: Please refer to the original agreement or previous amendment and look for the subaward number at the top of the agreement/amendment or on the signature page. This number is typically 4 or 5 digits. (Agreements and amendments can be found in GMT.)

Subrecipient Administrative Contact Email Address: Please provide an email address to the administrative office or individual responsible for ensuring the authorized official signs the subaward. The Subaward Agreement will be sent to this email address, so accurate information is important to avoid delays.

Payment Method: More information about cost-reimbursement and fixed price can be found here. The Fixed Rate payment method should be used when the subrecipient is enrolling subjects on a per subject/capitation.

Required Documents (must be attached and are dependent upon the payment method selected): Please make sure that these documents are up to date (e.g. if the amounts have changed, please update the budget).

Statement of Work (All Payment Methods): A detailed description of specific work to be performed by the subrecipient. Clearly state what you want the subrecipient to achieve and/or deliver; this should be clear enough to allow for only one interpretation. For example, list tasks that need to be performed to meet objectives or the number of times something should be done.

Deliverables Schedule (Fixed Price): A detailed list of tasks/milestones that occur throughout the project and are evidence that the work is being accomplished in a timely manner. These should be specifically tailored to each project by the PI and research team and often include tangible items (e.g. data delivered, completed analyses, or detailed reports submitted). The schedule should also include the responsible party, due date, and fixed price amount for each task. Specific payment amounts should be associated with each deliverable. *Note: federal fixed price awards have a limit of \$250,000. If you would like to award more than \$250,000, you will need to submit separate subaward requests with separate deliverables schedules.*

Budget (Cost Reimbursable): A detailed budget reflecting the projected expenses of the Subrecipient.

Payment Schedule (Fixed Rate): This schedule should include the amount per patient/subject per activity. Please also include the estimated number of patients/subjects, and a not to exceed amount.

Subrecipient Carryover: Carryover is not new money. Carryover is funding that has already been obligated to the Subrecipient in a prior budget year and we are now authorizing for use in the current budget period.

Additional Notes: Please provide any additional information that you believe would help us with the issuance of this subaward. This section can also be used to clarify any responses provided earlier in the form.