**Rutgers University of New Jersey**

**SUBAWARD/SUBCONTRACT MODIFICATION CHECKLIST**

To modify an existing subaward/subcontract from Rutgers to another Institution, organization or business, complete the required information below. Please email the completed form to subawards@research.rutgers.edu

FOR RSP USE ONLY

<table>
<thead>
<tr>
<th>Requestor</th>
<th>Project ID</th>
<th>Expenditure Type</th>
<th>Unit/Div/Org (UDO)</th>
<th>Location</th>
<th>Business Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First $25K (N/A if previously applied)</td>
<td></td>
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<tr>
<td>$25K+</td>
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</tbody>
</table>

**Who should receive invoice certification?**

Please check and complete all that apply.

- [ ] Change of Project Period Dates
  - Original or Last Modification
  - Start Date
  - End Date
  - This Modification Request
  - Start Date
  - End Date
- [ ] Termination of Agreement (Minimum of thirty (30) days notice to sub-recipient is required)
  - Termination Date: (mm/dd/yyyy)
- [ ] Amount to be Added: $
- [ ] Amount to be Reduced: $
- [ ] Change in scope of work. (Please attach an explanation of the changes with a revised scope of work)
- [ ] Change in budget. (Please attach an explanation of the changes with a revised budget)

Answer all the below. If the answer is "No", please explain briefly in an attachment.

- Did the sub-recipient complete all work during the previous period in accordance with the scope of work and terms of the sub-recipient agreement? [ ] No [ ] Yes
- Did the sub-recipient submit and complete technical reports on a timely basis? [ ] N/A [ ] No [ ] Yes
- Did the sub-recipient submit complete and timely invoices that were properly certified? [ ] N/A [ ] No [ ] Yes
- Did the PI conduct on-site visits to the sub-recipient? [ ] N/A [ ] No [ ] Yes

Were there any changes related to the following during the previous period. If the answer is "Yes", please explain briefly in an attachment.

- Change of sub-recipient PI or Key Personnel? [ ] No [ ] Yes
- Change in Budget? [ ] No [ ] Yes
- Change in Scope of Work? [ ] No [ ] Yes

**COMPLIANCE**

- Will Human Subjects be used going forward at the sub-recipient institution? [ ] No [ ] Yes
  - Yes, A copy of the sub-recipient approval is required.
  - (Contact the IRB at 848-932-4018 if you have any questions)
- Will Animals be used going forward at the sub-recipient institution? [ ] No [ ] Yes
  - Yes, A copy of the sub-recipient approval is required.
  - (Contact the IACUC at 848-932-4012 if you have any questions)

Comments

Principal Investigator Signature (Required)  
Principal Investigator Name (Printed/Typed)  
Date