

University of Iowa

Subaward Amendment Request Form

Complete this form for an amendment to a current subaward not requiring a new Purchase Order (PO) Number (**A new PO is not required for amendments where the Budget Reference Field (BRF) of the MFK has not changed from the previous budget period**). Email this form with required attachments to dsp-contracts@uiowa.edu or send via campus mail to Division of Sponsored Programs, 2 Gilmore Hall.

Contact the Division of Sponsored Programs at 5-2123 or the email above with any questions.

UI PI: Last Name	First Name	
Alt. Contact: Name	Email	Phone
SUBAWARDEE INSTITUTION:		
SUBAWARDEE PI:		
CURRENT PO NUMBER:	PRIME AWARD G/P NUMBER:	

Budget	Budget Start Date:	Budget End Date:
	Budget Amount*: (if a no cost extension, enter \$0)	Cumulative Total for PO:
	*The dollar amount indicated will be added to the previous cumulative total for this PO. Any unexpended funds from the previous cumulative total will be carried over to this amendment unless otherwise specified.	

Mailing Info	DSP will either email a PDF of the amendment or send hard copies for signature. Please indicate preference:		
	Hard Copy: Address*:	Email:	
	City: State: Zip:	****CC:	
* Not required unless address differs from previous subawards. PO Boxes are not allowed.			

Attachments	Budget:	Attached	Scope of Work:	Attached
		Previously Submitted (no change/no-cost extension)		Previously Submitted (no change)

CO@k	*Public Health Service (PHS) Prime Awards Only. Beginning August 1, 2012 all PHS funded subaward amendment requests received by DSP are required to comply with the University of Iowa’s federally mandated COIR Policy. More information can be found at the DSP Webpage . PHS Agencies include: NIH, CDC, FDA, HRSA, AHRQ, HIS, SAMHSA, ATSDR. If this subaward includes PHS funding, please include a completed copy of the COI Subrecipient Questionnaire (Required annually) .	
	COIR Subrecipient Questionnaire Attached	Non PHS Prime Award

Comments	
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Authorization	Completed By:		This button opens an email to DSP-Contracts, automatically attaching this form. Please attach other supporting documentation before sending.
	**** Signatu _____		
 (o _____ required if submitted by paper. -mail with form(s)'		

DSP USE	Date Received:	DSP Director Assigned:	Subaward Log Entry Created:
	Notes:		Yes No