OFFICE OF THE VICE CHANCELLOR FOR RESEARCH

## Office of Research Services (ORS)

1737 West Polk Street (MC 672) 304 Administrative Office Building Chicago, IL 60612

Phone: 312.996.2862 Fax: 312.996.9005

www.research.uic.edu

## FORM - Amendment Request for Subawards/Subcontracts

Version 1.7

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	Instruc	etions					
	Please	Please complete all sections of this package and submit via ORSWeb as a Request for Action document.					
	1.	What is the Period of Performance for the prime grant/contract:					
	2.	Is this a No Cost Extension? ☐ Yes ☐ No					
	3.	<ol> <li>The subrecipient shall furnish the following project reports to the University's Principal Investigator in accordance with the schedule below:</li> </ol>					
Report Name:							
		Due Date: (At least 45 days prior to University's prime reporting due date)  Report Name:					
		Due Date: (At least 45 days prior to University's prime reporting due date)					
		Payments under this agreement are conditioned upon and subject to compliance with receipt of these reports as specified on the due dates above.					
	4.	Is there enough money on budgetary line in financial system for subrecipient to cover this expenditure?   Yes No  Note: You must print out and include the FZIGITD (Grant Inception to Date) BANNER screenshots.					
	5.	If this Subcontract/Subaward Agreement Amendment obligates \$20,000 or more, was this					
	0.	subrecipient specifically named in a sponsor approved budget?   Yes  No					
		If "Yes", attach a copy of the budget page wherein the recipient and dollar amount is identified. If "No", please provide ORS with written authorization from the Prime Contractor or Grant Sponsor allowing UIC to obligate these funds to the subrecipient.					
		If you are unable to obtain written authorization from the sponsor, please submit this document to purchasing for their bid process as explained in the Office of Business and Financial Services (OBFS) Policies section 17.1 ( <a href="https://www.obfs.uillinois.edu/bfpp/section-17-consultants-contractors">https://www.obfs.uillinois.edu/bfpp/section-17-consultants-contractors</a> ).					
	6.	Is the subrecipient allowed to carry forward funding?   Yes   No					
		If yes, please do NOT include the carry forward amount in the budget total for Exhibit B.					
	7.	PI Approval: Printed Name					
		Signature					

For Federal Funding Only
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UIC Research Subaward/Subcontract Agreement  Amendment						
Pass-Through Entity (PTE)			Subrecipient			
		Entity I	Name			
		Addr including City, (Country, it	State, Zip+4			
		Principal In	vestigator			
Agency Type: PTE Av	ward No:	Amendn	nent No:	Awarding Ag	ency:	
Project Title:						
Subaward Period of Performa Start Date: End I		Amount Fund	led This Act	ion:	UIC Subaward N	lo:
Effective Date of Amendment:	Total Amoun	t of (Federal) F	unds Obliga	ted to Date:	Subject to FFATA:	
					Yes	No
Prime Award Date:		Indirect	Cost Rate	on Prime Aw	ard:	
CFDA No.: CFD	DA Title:					
Research & Development Av	ward: Yes	No	FAIN:			
Total Amount of the Federal	Award Committee	d under Prime	:			
Amendment(s) to Original Terms and Conditions This Amendment revises the above-referenced Research Subaward/Subcontract Agreement as follows:  Action:						
All other terms and conditions of this Subaward Agreement remain in full force and effect.						
By an Authorized Official of PTI	E:		By an Auth	norized Official	of Subrecipient:	
Name:	D	ate	Name:			Date

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## **EXHIBIT A - Scope**

## **Scope of Work Statement**

Every subaward/subcontract must include a scope of work statement. The following elements are typically included under "scope of work," however these are not all-inclusive:

- 1. Purpose or objective(s) of the work to be performed;
- 2. An explanation of the work to be performed inclusive of special personnel, supplies, materials, equipment or travel needed:
- 3. Timetable or schedule of work to be performed;
- 4. Specification of how the work's progress or results are to be measured;
- 5. Identification of deliverables, products or expected outcomes.
- 6. Explain the intellectual expertise that the SUBRECIPIENT will provide to the research project that distinguishes this Work from a bid for services or a purchase order.

Please provide your scope of work statement in the space below. If there is no change in the scope of work, please state that instead.

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EXHIBIT B - Subaward/Subcontract Budget						
	Budget Period:	from:	through:			
	Salary & Wages	\$				
		\$				
	Supplies	\$				
	Services	\$				
	Other Costs (Specify)	\$				
	Equipment - Other (Please	\$				
	Specify) Total Direct Costs	\$				
	Indirect Cost (% rate)	\$				
	TOTAL	\$				
Ul	C BANNER Grant Code:	Fund Code:	Prev. Encumbrance #			
1.	All invoices should be mailed to the U within 45 days of the end date referen Name: Address:		ess Manager listed below, final invoice due d:			
	M/C: Telephone:	Email: Fax:				
2.	All projects reports should be mailed Name: M/C: Telephone:	to following UIC PI:  Email:  Fax:				
3.	All audit reports should be mailed to full Office: Grants & Contracts 809 S. Marshfield Ave., (M/C 551) Chicago, IL 60612	Following UIC office Telephone Email: Fax:				
4.	Subrecipient's PI: Name: Telephone:	Email: Fax:				
5.	Subrecipient's Administrative Contac Name: Telephone:	t: Email: Fax:				
6.	All payments should be mailed to: (Pa Financial Officer): Name: Address:	ayee's legal name and m	ailing address and name of Subrecipient's			
	Subrecipient's Financial Officer:					
7	Subrecipient F.E.I.N.					
7.	Casi ecipient i .E.i.ii.					

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