

Complete the information below, obtain signatures and email a signed pdf to [osp@lsu.edu](mailto:osp@lsu.edu) or return original to OSP, 202 Himes Hall

Today's Date:	SPS Proposal # - Trx. #	LSU Award #	Mailing Deadline (if Applicable):
Principal Investigator (PI):		E-mail:	Phone:
Contact (if other than PI):		E-mail:	Phone:
Cost Center:		Sponsor:	
List any additions/ updates to employees who require access to this Award/Grant in Workday (See <a href="http://www.lsu.edu/workday/key_roles.php">www.lsu.edu/workday/key_roles.php</a> )			
Grant Financial Analyst(s):		Award Analyst(s):	

**A. REQUEST TO MODIFY AN EXISTING AWARD—SPONSOR APPROVAL NEEDED**

Attach a request addressed to sponsor for OSP approval of the following modification to an existing award:

<input type="checkbox"/> No-Cost Extension (New End Date: _____ ) <input type="checkbox"/> Revised Budget <input type="checkbox"/> Change in Scope <input type="checkbox"/> Reduction/disengagement in PI/Co-PI/Senior/Key Personnel Effort <input type="checkbox"/> Change of PI/CoPI/Senior/Key Personnel <input type="checkbox"/> Transfer of an Award <input type="checkbox"/> Termination of an Award	<input type="checkbox"/> Other: <input type="checkbox"/> Request to add subaward <input type="checkbox"/> Pre-award costs greater than 90 days (expanded authorities) <input type="checkbox"/> Pre-award costs not under expanded authorities <input type="checkbox"/> Additional compensation <input type="checkbox"/> Other Request—Specify below: _____
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**B. REQUEST TO MODIFY AN EXISTING AWARD—INTERNAL PRIOR APPROVAL (Attach Explanation/Justification)**

Allowed for federal grants/cooperative agreements with Expanded Authorities. See Department Quick Reference Guide <http://www.lsu.edu/administration/ofa/oas/spa/manuals/manuals.php>:

<input type="checkbox"/> No-Cost Extension (1 <sup>st</sup> No Cost Extension Only): New End Date: _____ <input type="checkbox"/> Additional Compensation <input type="checkbox"/> Pre-Award Costs up to 90 days: Requested Pre-Award Start Date: _____ <input type="checkbox"/> Special Purpose Equipment Acquisition <input type="checkbox"/> General Purpose Equipment Acquisition <input type="checkbox"/> Alterations/Renovations (If sponsor approval is not required) <input type="checkbox"/> Subcontracts not included in, or revised from, original proposal (NIH only) <input type="checkbox"/> Other (Specify): _____	
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**PI, Chair/Unit Director and Dean (if required by college policy) certify by signature below that the action request(s) is acceptable.**

PI/UNIT/COLLEGE APPROVALS:	Approval Signature:	Date:
Principal Investigator: (REQUIRED)		
Chair/Unit Director: (REQUIRED)		
Dean: (Required, if by College Policy)		

Provide any notes to assist OSP in its review.

**Below is for OSP Internal Use:**

ADMINISTRATIVE APPROVALS:	Approval Signature:	Date:
Other:		
SPA Approval:		
OSP Approval:		

OSP, SPA notes/disclosures: