Minnesota State University, Mankato  
RESEARCH AND SPONSORED PROGRAMS

**POST-AWARD MODIFICATION REQUEST FORM**

**Instructions**: Principal Investigator(s) must use this form to request modifications to active, funded projects. The following are most common types of award modifications, and usually requires funding agency review and approval. *Complete and submit this form to Research and Sponsored Programs early enough to allow time for administrative processing and to secure sponsor approval in advance of the request change.*

|  |
| --- |
| **Award Information** |
| **Principal Investigator Name:** Click or tap here to enter text. |
| **Grant/Contract (title):** Click or tap here to enter text. |
| **Funding Agency:** Click or tap here to enter text. |
| **MSU Cost Center:** Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Change Request (select one)** | | |
|  | **PI/Key Personnel Changes,** *Complete Section A* | *Requests to add new personnel or changing existing PI roles within the award period.* |
|  | **Disengagement of PI for 90 Days or More,** *Complete Section B* | *Funding agencies reasonably expect that the PI will be present where a funded project is concluded to manage the award and ensure that objectives and timelines are fulfilled. If a PI will be disengaged for a period of time extending 90 days or more (e.g., a sabbatical, leave of absence, etc.) the funding agency requires advanced notification.* *NOTE: The fact that the University has identified individual(s) to fulfill a role during an absence does not mean the funding agency will automatically agree to the change or updated implementation plan.* |
|  | **Other,**  *Complete Section C* | *Example would include but is not limited to: Transfer Award to Another Institution, etc.* |

|  |
| --- |
| **Section A: PI/Key Personnel Changes** |
| **A-1**: *Justification related to the project, including any proposed changes in scope*  Click or tap here to enter text.  **A-2**: *Effective date of the proposed change (must be in the future, allowing time for funding agency to review the request, generally at least 30 days in advance)*  Click or tap here to enter text.  **A-3**: *Budget changes resulting from the proposed change*  Click or tap here to enter text.  **A-4**: *If new to the project, do you (or your family members) have a conflict of interest with the sponsor or any entity related to this project (e.g. equipment vendor, subcontractor, vendor of a product being evaluated by the project)? Conflicts occur when the investigators have stock or other financial interest in, receive income from, consult with, or serve as an officer, director, or advisor to the sponsor or project-related entities.*  Yes  No  **A-5**: *If new to the project, attach PI/Key Personnel materials*   * *Biosketch in agency format* * *Current and pending* * *Conflict of Interest Disclosure* |
| **Section B: Disengagement of PI/Co-PI for 90 Days or More** |
| **B-1**: *Name of PI/Co-PI who will be disengaged for 90 Days or More*  Click or tap here to enter text.  **B-2**: *Dates during which the PI/Co-PI will be disengaged*  Click or tap here to enter text.  **B-3**: *Detailed plan of how the project will be carried out in the PI/Co-PI’s disengagement*  Click or tap here to enter text.  **B-4**: *If the PI is disengaging, who will be named at the Dates during which the PI will be disengaged*  Click or tap here to enter text. |
| **Section C: Other** |
| **C-1**: *Describe the award modification needed.*  Click or tap here to enter text. |

**Requestor(s)**

|  |  |  |
| --- | --- | --- |
| **Principal Investigator / Co-Principal Investigator(s)** I understand the use of all external funding, regardless of source, is governed by State of MN regulations and Minnesota State procedures and that grants and contracts are awarded to the institution, not to individuals. ***Signature(s) acknowledges that*** ***I understand that this modification request cannot be implemented until I submit documentation of approval from the respective funding agency to the office of Research and Sponsored Programs.*** | | |
|  |  | |
| Principal Investigator | | Date |
|  |  | |
| Co-Principal Investigator (if applicable) | Date | |
|  |  | |
| **Substitute PI, for Modification requesting PI substitution ONLY** I understand the use of all external funding, regardless of source, is governed by State of MN regulations and Minnesota State procedures and that grants and contracts are awarded to the institution, not to individuals. ***Signature acknowledges that I am willing to serve as the Principal Investigator (PI) for the award-referenced above and will be will be responsible to ensure the proposal project is carried out in accordance with state, federal and funding agency guidelines***. | | |
| Click or tap here to enter text. |  | |
| Substitute Principal Investigator Typed Name | | Date |
|  | |  |
| Substitute Principal Investigator Signature | |  |

**Approvals**

|  |  |  |
| --- | --- | --- |
| **Department Chairperson** Signature(s) acknowledges that PI/Co-PI has discussed project modification with the department(s)/unit(s). | | |
|  |  | |
| Department Chairperson | | Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **College Dean or Admin. Unit Director** Signature(s) authorizes support of project modification under conditions stated. | | | | | |
|  |  | | | |
| College Dean/Admin. Unit Director | | | Date | | |
| **Approvals Obtained by Research and Sponsored Programs** Signature(s) authorizes support of project modification under conditions stated. | | | | | | |
|  | |  | | | | |
| Vice President for Finance & Admin. | | | | Date | | |
|  | | | |  | | |
| AVP for Research | | | | Date | | |

|  |  |  |
| --- | --- | --- |
| **Funding Agency Approval is filed with Research and Sponsored Programs** Signature(s) confirms that approval from the respective funding agency has been documented and submitted to the office of Research and Sponsored. | | |
|  |  | |
| Research and Sponsored Programs | | Date |