

REAPPROVAL FORM FOR POST AWARD MODIFICATIONS

TYPE OF MODIFICATION (CHECK ONE)	REQUIRED APPROVALS (FROM LIST BELOW)
New Task Order to Existing Cooperative Agreement	2, 5, 6
No Cost Time Extension	2, 5, 6
Time Extension with Additional Funding (greater than \$50,000)	2, 3, 5, 6, 7
Time Extension with Additional Funding (less than \$50,000)	2, 5, 6
Additional Funding (greater than \$50,000)	2, 3, 5, 6, 7
Additional Funding (less than \$50,000)	2, 5, 6
Change in Scope of Work (no change in funding)	2, 5, 6
Change in Scope of Work (change in funding)	2, 3, 5, 6, 7
Change in Project Key Personnel	1, 2, 3, 4, 5, 6, 7

SPONSOR APPROVAL REQUIRED?	<input type="checkbox"/> YES	IF YES,	<input type="checkbox"/> ATTACHED
	<input type="checkbox"/> NO		<input type="checkbox"/> WILL FOLLOW

BRIEF DESCRIPTION OF MODIFICATION

Name of Project:		FUND #	
Principal Investigator: (Print or type)		ORSP PEF #	

P.I. Certification: By signing this form I do hereby certify that the information submitted on and with this Reapproval Form complete and accurate to the best of my knowledge.

Signature:

SCHOOL/DEPARTMENT RECOMMENDATION AND APPROVAL

1	Chair/Manager	Print Name: _____	Recommendation:	YES	NO
	Date: _____	Signature: _____			

2	Dean/Appropriate Admin.	Print Name: _____	Recommendation:	YES	NO
	Date: _____	Signature: _____			

ADMINISTRATIVE RECOMMENDATIONS

3	Faculty Affairs	Print Name: _____	Recommendation:	YES	NO
	Date: _____	Signature: _____			

4	Human Resources	Print Name: _____	Recommendation:	YES	NO
	Date: _____	Signature: _____			

5	Other	Print Name: _____	Recommendation:	YES	NO
	Date: _____	Signature: _____			

6	ORSP Project Administrator	Print Name: _____	Recommendation:	YES	NO
	Date: _____	Signature: _____			

INSTITUTIONAL APPROVAL

7	President or Designee	Print Name: _____	Recommendation:	YES	NO
	Date: _____	Signature: _____			

8	CFO or Designee	Print Name: _____	Recommendation:	YES	NO
	Date: _____	Signature: _____			