

REAPPROVAL FORM FOR POST AWARD MODIFICATIONS

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

Attach Scope of Work, Budget, and/or any other supporting documentation for this modification

Name of Project:		FUND #	
Principal Investigator:		ORSP PEF #	

1	ORSP Post Award Administrator:	<p>I have reviewed the modification request and verified the University is eligible and qualified to continue to administer this project with this modification. I have reviewed the applicable supporting documentation submitted by the Principal Investigator and verified all required documents are included with this Reapproval Form for the post award modification noted above.</p> <p align="right">Signature: _____</p>
---	---------------------------------------	--

2	Principal Investigator:	<p>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.</p> <p align="right">Signature: _____</p>
---	--------------------------------	--

3	Co-Principal Investigator	<p align="right">Signature: _____</p>
---	----------------------------------	---------------------------------------

I have reviewed this routing and all applicable supporting documentation. I find this post award modification to be acceptable and approve this Reapproval Form for the project indicated above.

4	Department Chair or Supervisor	Signature: _____
---	--------------------------------	-------------------------

Comments:	_____
------------------	-------

5	School Dean or Director	Signature: _____
---	-------------------------	-------------------------

Comments:	_____
------------------	-------

6	ORSP Associate Vice President	Signature: _____
---	-------------------------------	-------------------------

Comments:	_____
------------------	-------

7	Vice President for Administration and Finance/CFO	Signature: _____
---	---	-------------------------

Comments:	_____
------------------	-------