

## Proposal, Grant, or Contract Request for Modification

Institution \_\_\_\_\_  
Institution's Agreement # (if applicable) \_\_\_\_\_  
GLMRI Project # \_\_\_\_\_  
Title of Project \_\_\_\_\_

### Type of Modification (check one ONLY – use a separate form for each modification)

#### No-Cost Time Extension

New end date \_\_\_\_\_

#### Budget Modification

Includes cost share and/or cost share contributors                      yes                      no

#### Personnel Change

Does a conflict of interest exist between the new personnel and the sponsor?                      yes                      no

**Scope of Work** (attach updated Scope of Work)

#### Other

Please provide a short technical description of why a modification is requested.

**Approval(s) by signing this form I affirm that all required technical reports are up to date and will be complete by (new) end date.**

#### Principal Investigator(s)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name

#### Research/Grants Official

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name

#### Name, address, and e-mail address of signing office for amendments/modifications (required)

Name \_\_\_\_\_ e-mail \_\_\_\_\_  
Mailing address \_\_\_\_\_

E-mail Address of who to notify of decision (PI) \_\_\_\_\_

Verified by GLMRI Executive Director \_\_\_\_\_

*Do Not Write Below This Line*

Action    Approved    Disapproved    Pending Additional Information   \_\_\_\_\_ Initialed by director