



UNIVERSITY OF  
ILLINOIS CHICAGO

Office of the Vice Chancellor  
for Research

Office of Sponsored Programs (OSP)

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## FORM – Amendment Request for Subawards/Subcontracts

Version: 2/2021

Date:

Fund Number:

Previous Encumbrance Number:

### I. Instructions

Please complete all sections of this package and submit via OSPWeb as a Request for Action document.

1. What is the Period of Performance for the prime grant/contract:
2. Is this a No Cost Extension? ☐ Yes ☐ No
3. The subrecipient shall furnish the following project reports to the University's Principal Investigator in accordance with the schedule below:

Report Name:

Due Date: (At least 45 days prior to University's prime reporting due date)

Report Name:

Due Date: (At least 45 days prior to University's prime reporting due date)

Payments under this agreement are conditioned upon and subject to compliance with receipt of these reports as specified on the due dates above.

4. Is there enough money on budgetary line in financial system for subrecipient to cover this expenditure? ☐ Yes ☐ No

*Note: You must print out and include the FZIGITD (Grant Inception to Date) BANNER screenshots.*

5. If this Subcontract/Subaward Agreement Amendment obligates \$20,000 or more, was this subrecipient specifically named in a sponsor approved budget? ☐ Yes ☐ No

If "Yes", attach a copy of the budget page wherein the recipient and dollar amount is identified. If "No", please provide OSP with written authorization from the Prime Contractor or Grant Sponsor allowing UIC to obligate these funds to the subrecipient.

If you are unable to obtain written authorization from the sponsor, please submit this document to purchasing for their bid process as explained in the Office of Business and Financial Services (OBFS) Policies section 17.1

<https://www.obfs.uillinois.edu/bfpp/section-17-consultants-contractors>.

6. Is the subrecipient allowed to carry forward funding? ☐ Yes ☐ No

If yes, please do NOT include the carry forward amount in the budget total for Exhibit B.

UIC Subaward/Subcontract Agreement <b>Amendment</b>			
Pass-Through Entity (PTE)		Subrecipient	
Entity Name			
Address including City, State, Zip+4 (Country, if non-US)			
Principal Investigator			
Agency Type:	PTE Award No:	Amendment No:	Awarding Agency:
Project Title:			
Subaward Period of Performance: Start Date:                      End Date:		Amount Funded This Action:	UIC Subaward No:
Effective Date of Amendment:	Total Amount of Funds Obligated to Date:		
<p style="text-align: center;"><b>Amendment(s) to Original Terms and Conditions</b></p> <p style="text-align: center;">This Amendment revises the above-referenced Subaward/Subcontract Agreement as follows:</p> <p><b>Action:</b></p>			
<b>All other terms and conditions of this Subaward Agreement remain in full force and effect.</b>			
By an Authorized Official of PTE:		By an Authorized Official of Subrecipient:	
_____		_____	
Name:	Date	Name:	Date
Title:		Title:	



## EXHIBIT A – Scope

### Scope of Work Statement

Every subaward/subcontract must include a scope of work statement. The following elements are typically included under “scope of work,” however these are not all-inclusive:

1. Purpose or objective(s) of the work to be performed;
2. An explanation of the work to be performed inclusive of special personnel, supplies, materials, equipment or travel needed;
3. Timetable or schedule of work to be performed;
4. Specification of how the work's progress or results are to be measured;
5. Identification of deliverables, products or expected outcomes.
6. Explain the intellectual expertise that the SUBRECIPIENT will provide to the research project that distinguishes this Work from a bid for services or a purchase order.

Please provide your scope of work statement in the space below. If there is no change in the scope of work, please state that instead.

**EXHIBIT B - Subaward/Subcontract Budget**

Budget Period:	from:	through:
Salary & Wages	\$	
	\$	
Supplies	\$	
Services	\$	
Other Costs (Specify)	\$	
Equipment – Other (Specify)	\$	
Total Direct Costs	\$	
Indirect Cost (____% rate)	\$	
<b>TOTAL</b>	<b>\$</b>	

UIC BANNER Grant Code:

Fund Code:

Prev. Encumbrance #

1. **All invoices should be mailed to the UIC's Department Business Manager listed below, final invoice due within 45 days of the end date referenced in the budget period:**

Name:

Address:

M/C:

Email:

Telephone:

Fax:

2. **All projects reports should be mailed to following UIC PI:**

Name:

M/C:

Email:

Telephone:

Fax:

3. **All audit reports should be mailed to following UIC office**

UIC Office: Office of Sponsored Programs

Telephone

809 S. Marshfield Ave., (M/C 551)

Email:

Chicago, IL 60612

Fax:

4. **Subrecipient's PI:**

Name:

Email:

Telephone:

Fax:

5. **Subrecipient's Administrative Contact:**

Name:

Email:

Telephone:

Fax:

6. **All payments should be mailed to: (Payee's legal name and mailing address and name of Subrecipient's Financial Officer):**

Name:

Address:

Subrecipient's Financial Officer:

7. **Subrecipient F.E.I.N.**