

**HSU SPONSORED PROGRAMS FOUNDATION  
Award Modification Routing Form**

**PART 1 – INVESTIGATOR INFORMATION**

Principal Investigator (P.I.): \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Funder: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

**PART 2 – ACTION REQUESTED BY THIS MODIFICATION**

( ) No-Cost Extension, New End Date: \_\_\_\_\_

\*\*\* Note: No-Cost Extensions involving changes in the semester when faculty assigned time will be taken requires  
the Chair and Dean signatures on page 2\*\*\*

( ) Revised Budget (Please attach revised budget)

( ) Change in Scope of Work (Please attach revised Scope of Work)

( ) Change of P.I./Co-P.I./Senior/Key Personnel

Removing Personnel \_\_\_\_\_

Adding Personnel \_\_\_\_\_

( ) Change in PI/Co-PI/Senior/Key Personnel Effort

( ) Change in Planned Faculty Release Time, Requested Release Time (semester/yr) \_\_\_\_\_

( ) Other, explain \_\_\_\_\_

( ) Transfer of an Award (Please attach explanation)

( ) Termination of an Award (Please attach explanation)

( ) Request to add sub-award(s)     \$ \_\_\_\_\_ to subcontractor \_\_\_\_\_

   \$ \_\_\_\_\_ to subcontractor \_\_\_\_\_

( ) Additional compensation, explain \_\_\_\_\_

( ) Other, Explain: \_\_\_\_\_

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**PART 3 – SIGNATURES**

1. \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Note: No-Cost Extensions involving changes in the semester when faculty assigned time will be taken  
requires the Chair and Dean signatures below \*\*\*

3. \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

4. \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_