



LLeRA#

Date:

Request to Modify a Contract

Please use this form to request **modifications** to executed **research contracts, subcontracts, material transfer agreements (MTA), and personal service agreements (PSA)**. Please complete with the appropriate signatures and forward to the address or e-mail above.

If you would like to **terminate** an executed contract, please complete sections A, B, F, & G only.

A. LLU INSTITUTION INFORMATION CONTRACT TYPE REQUESTED ACTION

Principal Investigator/Project Director School/Entity

Department Primary Funding Sponsor/Agency

Mailing address Phone Email

Administrative Contact Phone Email

Project Title

Prime Award (if applicable) project period From Through

B. CONTRACTOR INFORMATION

Principal Investigator/Project Director Phone Email

Administrative Contact Phone Email

Name of Institution/Company

Mailing Address City State Zip

Current contract project period From Through

C. SCOPE OF WORK

Yes No Will the scope of work change as a result of this modification? If yes, please attach modified scope of work.
It is the responsibility of the PI to ensure the SOW of this contract is allowable and consistent with the prime award listed above, if applicable.

D. BUDGET INFORMATION

Yes No Will the budget change as a result of this modification? If yes, please attach modified budget.
 Amount budget will by Total costs as a result of this action

E. CONTRACT PROJECT PERIOD

Yes No Will the contract project period change as a result of this action?
 Proposed contract project period From Through

F. JUSTIFICATION (please list any other changes and provide justification)

--

G. APPROVALS**Each signer below certifies that:**

1. He/she approves this activity and acknowledges his/her responsibility for implementing the University policies and guidelines which apply to the requested contract referenced above.
2. Office, laboratory, and any other space including space for animals, if appropriate, particularly associated with this project is available; and
3. He/she has read and understands the investigator Financial Disclosure and [LLUAHSC's Conflict of Interest Policy](#) and all required disclosures will be made before contract is fully executed.

Furthermore, the Principal Investigator acknowledges that: (1) the information submitted within this request is true, complete and accurate to the best of his/her knowledge; should information be incomplete or missing required documents this may cause a delay in processing of contract request; (2) any false, fictitious, or fraudulent statements or claims may subject him/her to criminal, civil or administrative penalties, and agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports.

PI SIGNATURE	DATE	CHAIR SIGNATURE	DATE