

Vice President for Research Internal Award
Request for Modification Instructions and Form
(Research Excellence Fund, Faculty Scholarship Grant, C2E2, SURF)

If there will be changes from the agreed-upon project, a Request for Modification form needs to be completed and forwarded to the Vice President for Research (VPR) office. The VPR office will review the request and determine what action is needed. If you have questions about whether the submission of a Request for Modification is necessary please contact the VPR office.

The Request for Modification form contains three sections that need to be completed by the PI before it is submitted to the VPR office. They are:

Project Information Section
Type of Modification Section
Approvals Section

- **MTU Proposal # (if applicable)**
This is a tracking number for your proposal assigned by the RSP office. You can find this number on the monthly financial statements provided by your departmental coordinator. Please enter this number in the space provided.
- **Index #(s)**
When your project is funded, Research Accounting assigns an index number (e.g. E2xxxx). This number can also be found on the monthly financial statements provided by your departmental coordinator. Please enter this number in the space provided.

TYPE OF MODIFICATION

There are four types of modifications listed on the form. Check **only one** type of modification on each form and provide a short technical description of why the modification is necessary where indicated. If there is more than one type of modification for your project, submit a separate request form for each. The types of modifications are:

- **No-cost time extension**
Check this box if the **only** change to the project is a request for a time extension beyond the project end date. Enter a new end date in the space provided. Please be aware that if you are expecting a funding supplement or a continuation to your project you may need to request an Advance of Funds rather than a no-cost time extension. If you have questions, please contact the VPR office for guidance. Please specify what work will be accomplished during the extension period.
- **Budget Modification**
Check this box if significant project expenditures do not or will not fall within the lines of the approved budget. Common causes for this type of modification are: changes to the amount of salary a PI or co-PI may draw, unbudgeted purchases of equipment and unbudgeted international travel. Please specify the categories and amount that will be decreasing and the categories and amount that will be increasing.
- **Personnel Change**
Check this box if key personnel are added to or removed from the project. If new key personnel are added, the Conflict of Interest Officer must be informed.
- **Other**
Check this box if your proposed modification does not fit into any of the other categories.

APPROVALS

- **Principal Investigator(s)**
Signs the completed form, makes a copy for the project file and then forwards the form to his/her Department Chair or School Dean for approval and signature.
- **Department Chair/School Dean**
Reviews the completed form and signs it, makes a copy for the file and routes it to the VPR office.

**Vice President for Research Internal Award
Request for Modification**



(Use this form for Research Excellence Fund, Faculty Scholarship Grant, C2E2, SURF)

MTU Proposal # _____ Index #(s) _____

TYPE OF MODIFICATION [check one only - use separate form for each modification]

___ **No-Cost Time Extension**
New end date _____
___ extension applies to sub(s)

___ **Budget Modification**
(Includes cost share and/or cost share contributors)

___ **Personnel Change***
**Conflict of Interest required for new key personnel*

___ **Other** _____

Please provide a short technical description of why modification is requested (see instructions for required details). The proper course of action will be determined by the special terms and conditions of the agreement.

APPROVAL(S) [by signing this form I affirm that all required technical reports are up to date and complete]

Principal Investigator(s)

Name _____ Signature _____ Date _____
Please print

Name _____ Signature _____ Date _____
Please print

Department Chair/School Dean/Supervisor

Name _____ Signature _____ Date _____
Please print

DO NOT WRITE BELOW THIS LINE

ACTION ___ Approved ___ Disapproved

By _____ Date _____