

**HSU SPONSORED PROGRAMS FOUNDATION
Post-Award Modification 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

Significant change in Scope of Work (Please attach revised Scope of Work)

Change of P.I./Co-P.I./Senior/Key Personnel Effective Date _____

 Removing Personnel _____

 Adding Personnel _____

Change in total PI/Co-PI/Senior/Key Personnel Effort (if greater than 25%)

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

Explanation:

Transfer of an Award to another institution (Please attach explanation) Effective Date _____

For Cause Termination of an Award (Please attach explanation) Effective Date _____

Other, Explain:

**HSU SPONSORED PROGRAMS FOUNDATION
Post-Award Modification Form**

PART 3 – DocuSign Acknowledgements

Principal Investigator

Print Name

Date

Department Chair or Supervisor

Print Name

Date

College Budget Analyst

Print Name

Date

College Dean or Director

Print Name

Date

Sponsored Programs Foundation Director

Print Name

Date