



MICHIGAN STATE UNIVERSITY

## Sponsored Programs Administration

Office of Sponsored Programs | Contract and Grant Administration

### MSU AWARD CHANGE (MODIFICATION) REQUEST FORM

(Use a separate form for each award)

Email: [awards@cga.msu.edu](mailto:awards@cga.msu.edu)

#### Type of change being requested:

Budget Revision

Incremental Funding

PSC Reallocation

New Subaward

Other (please specify):

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#### Active Sponsored Program Award:

Account Number

Principal Investigator

Award Number

Remaining Balance

Award End Date

New End Date

#### Please provide a justification for the change:

Will this change affect the Scope of Work:      Yes      No

Will the level of effort be changed:      Yes      No

Please attach an updated budget using the budget revision form if applicable.      Attached      N/A

Additional information regarding this request (optional)

PI Signature

Date