



OSP Subaward or PSA AMENDMENT Request Form

To request an amendment to an existing subaward agreement or a professional services (consulting) agreement under a sponsored project, please complete this form in its entirety, and submit it to OSPSubcontracts@andrew.cmu.edu.

Subaward/PSA Information

A# or OSP#: _____

CMU Principal Investigator Name: _____

Subaward/PSA Agreement Number (including any Purchase Order #s): _____

PTA#: _____

Subrecipient/Consultant Name: _____

Subrecipient PI Name: _____

Select ALL applicable actions and provide details

☐ Change in funding | Amount to add:

The requested changes to funding levels are consistent with the originally proposed/awarded budget.

Change in period of performance or budget periods | New ending date: _____

Change in terms and conditions