

**UNIVERSITY OF OREGON/SPS REQUEST FOR NEW CONTRACT/AGREEMENT
OR CONTRACT/AGREEMENT AMENDMENT FORM**

ORSA INTERNAL USE ONLY

NEW CONTRACT
(Complete all information except Section C)

AMENDMENT TO CURRENT CONTRACT
(Complete Sections A, C, D and provide current contact information for the Sponsor in Section B)

SECTION A – University of Oregon Information

UO PI Name:	Administering DGA:
Telephone:	Telephone: Fax:
E-mail:	E-mail:
	Administering Unit:
EPCS #	Grant #

UO Report/Deliverable/Tasks/Phase	Due Date	Amount
Description of deliverables such as interim or final reports; completion of data collection, completion of work product or meetings.	Insert Date	Insert Amount
	Total	

Provide the purpose of the agreement, any special terms to be included in it and any information which you feel will be useful to the person preparing this agreement, i.e., unusual reporting requirements, publications, intellectual property, invoicing address, etc., or any specific requirements you wish to have set forth in the agreement.

SECTION B – Sponsor/Collaborator Information

Sponsor's Name:	
Administrative/Business Contact: (Name and Title)	Technical/PI Contact: (Name and Title)
Address:	Address:
	Phone: Fax:

Phone:	Fax:	Email:
Email:		
Authorized Signer: (Name & Title)		
Period of Performance:	Start Date	End Date
Payment Term: <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Fixed Price Invoicing: <input type="checkbox"/> Monthly <input type="checkbox"/> Single Payment Upon Final Delivery <input type="checkbox"/> Quarterly <input type="checkbox"/> Schedule of Deliverables/Milestones/Dates (please describe the schedule with amounts in section A)		
Overarching Funding Agency (If this is a Subaward to the UO, check appropriate box):		
<input type="checkbox"/> Federal Name:	Federal#:	
<input type="checkbox"/> Non-Federal Name:	Non-Federal #:	
Project Title:		

SECTION C – Amendments Only (please fill in all appropriate blanks)

Amendment Number:
Please Check All That Apply: <input type="checkbox"/> No-Cost Extension: <input type="checkbox"/> Increase funding by \$ _____ to a new total of \$ _____ <input type="checkbox"/> Decrease funding by \$ _____ to a new total of \$ _____ <input type="checkbox"/> Amended End date: <input type="checkbox"/> Other (explain):

SECTION D – PI Verification

This request and its attachments have been reviewed and approved by the undersigned:

Principal Investigator Signature

Date

Typed/Printed Name:

PLEASE FORWARD THIS COMPLETED AND SIGNED FORM WITH THE BUDGET AND STATEMENT OF WORK ATTACHED TO SPS (SCANNED PDF IS ACCEPTABLE)

Note: Our Receipt of your Request for Contract or Amendment does not automatically indicate an emergency/expedited situation. Our prioritization for contract preparation is done based on order of receipt. If this is a request that needs expedited preparation of an agreement based on *unusual* and *exceptional* circumstances, please provide a detailed explanation of the circumstances. We will try to expedite emergency request as we are able. Thank you.

Send to: SPS, 5219 University of Oregon, Eugene, OR 97403-5219 Phone: (541) 346-5131 Fax: (541) 346-5138 Email: SponsoredProjects@uoregon.edu Website: <http://orsa.uoregon.edu>