

Request for Modification or Termination

Form M12-1000-K

Agreement No.		Type of Agreement	
Modification No.		Date Submitted	
Partner Name			
Project Name			
Fermilab PI (name and contact info)			
Description of Change:	<input type="checkbox"/> Scope Change <input type="checkbox"/> No Scope Change (Dollars and/or Schedule Only) <input type="checkbox"/> Early Termination		
Reason for Change:			
Impact on Partner Budget:	Current Partner Budget	Net Change Increase or (Decrease)	New Partner Budget
Impact on Contractor Budget:	Current Contractor Budget	Net Change Increase or (Decrease)	New Contractor Budget
Total Agreement Budget Change:	Current Budget	Net Change Increase or (Decrease)	New Budget
Impact on Schedule:	Current End Date	Net Change Increase or (Decrease)	New End Date

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Does the project modification involve the addition of any of the following: <i>(check all that apply)</i>			
Export controlled equipment, information, technology, or data (EITD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
Fermilab employees who are foreign nationals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
Partner employees who are foreign nationals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
NOTE: If you have answered Yes or Not Sure, the Partnership Coordinator will contact you for additional information after this form is submitted.			
Additional Comments:			
Principal Investigator Recommendation and COI Statement:			
<p>I have discussed the proposed modified scope with the Partner. I support the work described and believe that it is consistent with my responsibilities and the DOE mission. I recommend approval of this agreement modification.</p> <p>COI Statement (you must check one)</p> <p><input type="checkbox"/> To the best of my knowledge, neither I nor any of my family members have any current or planned personal or financial interest in any organization (other than FRA/Fermilab) involved in this agreement.</p> <p><input type="checkbox"/> A potential conflict of interest has been identified, and is disclosed as follows:</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>			
<p>By signing this form, I am affirming that I am aware of my responsibilities under the Fermilab Code of Business Ethics & Conduct Policy and I understand that any violation could result in disciplinary action up to and including termination. I will notify the Laboratory Chief Counsel and my supervisor immediately should any situation arise that could lead to a violation of this policy, and work with them to development a mitigation plan.</p>			
Signature:		Date:	
Division Field Financial Manager Verification Statement:			
<p>I have reviewed the proposed modified scope with the Principal Investigator and agree that the corresponding budget provided is accurate to the best of my knowledge while being consistent with Fermilab's policies and procedures, financial responsibilities and the DOE mission.</p>			

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By signing this form, I am affirming that I am aware of my responsibilities under the Fermilab Code of Business Ethics & Conduct Policy and I understand that any violation could result in disciplinary action up to and including termination. I will notify the Laboratory General Counsel and my supervisor immediately should any situation arise that could lead to a violation of this policy, and work with them and the conflicted individuals to development a mitigation plan.

Signature:

Date:

D/S/P Approval, COI Statement, and S&T Risk Matrix Determination (Responsible Organization)

I have reviewed the proposed modified scope with the Principle Investigator and agree that the work described is important and consistent with Fermilab's responsibilities and the DOE mission. Performance of this work will not adversely impact other DOE-funded programs and will not place a future burden on DOE resources. I approve of this agreement modification and will allocate and/or secure the resources required to complete it, including coordination with other participating D/S/P organizations.

COI Statement (you must check one)

- To the best of my knowledge, neither I, nor any FRA employee involved in the preparation of this agreement, nor their family members have any current/planned personal or financial interest in any organization (other than FRA) involved in this agreement.
- At least one conflict of interest, real or perceived, has been identified, as follows:

NOTE: A mitigation plan must be developed and submitted to OPTT and OGC for any conflict of interest identified by you or the PI before an agreement can be established.

By signing this form, I am affirming that I am aware of my responsibilities under the Fermilab Code of Business Ethics & Conduct Policy and I understand that any violation could result in disciplinary action up to and including termination. I will notify the Laboratory General Counsel and my supervisor immediately should any situation arise that could lead to a violation of this policy, and work with them and the conflicted individuals to development a mitigation plan.

S&T Risk Matrix Assessment (you must reply to all questions)

1. Does the proposed project include any restricted technology as defined by the current S&T Risk Matrix? Yes No

If you answered Yes, describe the technology here. Otherwise, enter N/A.

2. Is the proposed Partner organization located in a Country of Risk? Yes No

By signing this form, I am affirming that I am aware of my responsibilities for protecting certain research areas and technologies in accordance with the S&T Risk Matrix and associated laboratory procedures. I understand that any project involving a "red" technology with a proposed Partner organization in a Country of Risk (a "yes" response to both questions) requires the approval of the Federal Oversight Advisory Board (FOAB) at DOE, before any information can be exchanged with the proposed Partner organization.

Signature:

Date:

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Once the form has been completed and signed by the PI, Division FFM and the responsible D/S/P Head, please forward an electronic scan of the document to the Office of Partnerships and Technology Transfer (OPTT) to obtain the remaining approvals below.

For OPTT Office Use Only:

Submitted/Approved by:	Printed Name	Signature	Date
Controller & FRA Senior Budget Manager			
OGC			
Head, OPTT			
Directorate (if applicable)			