AMENDMENT TO AGREEMENT BETWEEN
UNIVERSITY OF CINCINNATI
and

This Amendment #1 to the Agreement made and entered into this ____ day of ______ by and between the University of Cincinnati (“UC”) and____________________________________ (“___”).

Whereas, the parties entered into an Agreement on _______ (Original date of Agreement).

Whereas, the parties have agreed upon certain changes to the Agreement.

For and in consideration of the mutual promises, covenants and agreements, the parties agree to amend and supplement the aforementioned Agreement in the following respects and in those respects only, all other terms and conditions of the original Agreement to remain in full force and effect:

**Article I: Prime Agreement**

Exhibit C in the initial agreement is amended with Attachment C-__, the new Prime Agreement.

**Article II: Budget**

Article 4 and Exhibit B in the initial agreement is amended with Attachment B-__. Amount funded this action is amended with the budget amount of $____ for a cumulative total of $______.

**Article III: Statement of Work**

Exhibit A in the initial agreement is amended with Attachment A-__, the new Statement of Work.

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**University of Cincinnati**

By: ___________________________  By: ___________________________

Name: David S. Gearring  Name: ____________________________

Title: Director, Business Affairs  Title: Sponsored Research Services

Date: ___________________________  Date: ___________________________

EIN: 31-6000989  EIN: ___________

DUNS: 04106-4767  DUNS: __________

UC PI:  PI: ___________
Exhibit A-__
Statement of Work
# DETAILED BUDGET

List PERSONNEL (Applicant organization only)
Use Cal, Acad, or Summer to Enter Months Devoted to Project
Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>Cal. Mths</th>
<th>Acad. Mths</th>
<th>Summer Mths</th>
<th>INST.BASE SALARY</th>
<th>SALARY REQUESTED</th>
<th>FRINGE BENEFITS</th>
<th>TOTAL</th>
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CONSULTANT COSTS

EQUIPMENT (Itemize)

SUPPLIES (Itemize by category)

TRAVEL

INPATIENT CARE COSTS

OUTPATIENT CARE COSTS

ALTERATIONS AND RENOVATIONS (Itemize by category)

OTHER EXPENSES (Itemize by category)

CONSORTIUM/CONTRACTUAL COSTS

<table>
<thead>
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<th>DIRECT COSTS</th>
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SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (Item 7a, Face Page)

CONSORTIUM/CONTRACTUAL COSTS

<table>
<thead>
<tr>
<th>FACILITIES AND ADMINISTRATIVE COSTS</th>
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TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD

| $ |