

## FDP Subaward Amendment

Awarding Agency **Department of Agriculture (USDA)**

Amendment No

**1**PTE/Prime Award No. **2023-70432-39558**

Subaward No

**24-86575-01**

Pass-Through Entity (PTE)

Subrecipient

The University of Texas Medical Branch at Galveston

Entity Name

Galveston College

contracts.in@utmb.edu

Contact Email

info@gc.edu

Dr. Gregory Gray

Principal Investigator

Dr. Alex Peniche

Project Title **PARTNERSHIP: Rapid Detection of Incursions of SARS-CoV-2 and Novel Coronaviruses on Texas Meat and Dairy Farms**

Cumulative Budget Period(s)

(Agreement Start Date)

(End Date of Latest Budget Period)

Amount Funded This Action

Total Amount of Funds Obligated to Date

Start Date: **09/01/2023**End Date: **08/31/2026**

\$ 29,637.00

\$ 58,938.00

Subrecipient Cost Share ☐Subject to FFATA ☒

Subrecipient UEI

(Unique Entity Identifier - May leave blank if unchanged from prior Agreement)

**QPEUR8N8KSU9**

### Amendment(s) to Original Terms and Conditions

This Amendment revises the above-referenced Subaward Agreement as follows:

#### ☒ Additional Budget Period

Additional budget period **09/01/2024** - **08/31/2026** is hereby added to this Subaward.

#### ☐ No Cost Extension

#### ☒ Additional Funding

Additional funding in the amount of **\$ 29,637.00** is hereby obligated to this Subaward.

#### ☐ Deobligation

Carryover is **Automatic**

Carryover is allowed across all budget periods.

#### ☐ Carryover Authorized

#### ☐ Detailed Budget/Scope of Work/Notice of Award Attached (Specify if the Budget and Scope of Work are "New", "Revised", or "Supplemental" in dropdown or "Other")

#### ☒ Other (See Below)

##### Additional Funding Budget

Salaries	\$5,764
Fringe	\$1,844
Other	\$17,997
IDC	\$4,032
Total	\$29,637

For clarity: all amounts stated in this amendment are in United States Dollars.

### All other terms and conditions of this Subaward Agreement remain in full force and effect.

By an Authorized Official of PTE:

Date

Name **Christy Taylor Bray, MS, CRA**Title **Director, Sponsored Programs**

By an Authorized Official of Subrecipient:

Date

Name

Title