## **Subaward Request**

| Department to Complete  |  |   |
|---|--|---|
| Request Type:   | If Amendment, select action type:  |   |
| UC PI Name:   |  |   |
| Sponsor Name/Sponsor Number:  |  |   |
| Reportable Cost Share by Subrecipient? If yes, attach cost share budget   | Yes No SAP Number:   |   |
| Subrecipient Organization Name:   |  |   |
| Start Date (of this action):  | End Date (of this action):   |   |
| Amount to be released this action:  | Total Anticipated Amount (new subav  | vards only):  |
| PI to Complete  |  |   |
| Please Complete the following for all su  | baward/subaward amendment requests:  |   |
|   | term, including technical reports, carryover,<br>baward? <b>If yes, specify report(s) and due date for each belo</b>   | ow. Yes No  |
| Comments:   |  |   |
|   |  |   |
| 2. Does the department or PI wish to revie  | w the subaward prior to sending?   | □ Vor □ No  |
|   |  | Yes   No  |
| <ol><li>Does the subrecipient work include the<br/>If yes, please provide subrecipient pro</li></ol>  |  | Yes No  |
|   |  |   |
|   | ssed in this subaward? Choose from below.  |   |
| Not Applicable-to be selected when necessary.   | en it has been determined that a DTUA or additional terms are  | not   |
| Applicable- to be selected when it to address the transfer of human su  | has been determined that either a DTUA or additional terms will be ubjects data.   | necessary   |
|   | ddressed in this agreement- if it cannot be determined at the time of A or additional terms will be necessary, or if the PI and subrecipient apparately from the subaward  |   |
| 4. Does the subrecipient work include the use of animals?   |  | ☐ Yes ☐ No  |
| If yes, please provide subrecipient protocol number and expiration date.  |  |   |
| If USDA regulated species, please a   | also provide subrecipient registration number.   |   |
| If requesting a subaward amendment, p   | lease complete the following:  |   |
| 5. Is the performance of the subrecipient sa  | atisfactory?   | Yes No  |
| 6. Has the subrecipient submitted and have you reviewed all technical performance reports in a timely fashion?  |  | Yes No N/A  |
| 7. Have all invoices been reviewed for reas   | onableness to work performed?  | ☐ Yes ☐ No  |
| I am responsible for verifying that the subrecipie<br>University, in writing, any relationships between<br>University of Cincinnati's Conflict of Interest Poli | s to prepare and release a subaward. I understand that as the Principent is suitable and uniquely qualified to carry out the scope of work. In myself or other key personnel at University of Cincinnati and collabicy, University Rule 10-17-08. I am also responsible for monitoring the field in the subrecipient's scope of work. I must authorize the release | I have disclosed to the corators at the subrecipient organization, per the ne subrecipient's work progress, including any |
| and notify SRS immediately if there are any prob  | olems with a subrecipient's performance on this project.   |   |
| Signature of UC Principal Investigator  | :  | Date:   |