

Sub-award Request

Department to Complete:

Request Type: _____ If Amendment, select action: _____

UC PI Name: _____

Sponsor Name/Sponsor #: _____

Reportable Cost Share by Sub-recipient Yes ___ No ___ SAP#: _____ Coeus Award#: _____
If yes, attach cost share budget

Sub-recipient Organization Name: _____

Start Date (of this action): _____ End Date (of this action): _____

Amount released this action: _____ Total Anticipated Amount (New Subawards only): _____

Title of the Sub-recipient Scope of Work: _____

PI to complete:

Please complete the following for all sub-award/amendment requests:

Does the PI wish to include and special terms, including technical reports, carryover, prior approval for equipment in the sub-award? **If yes, specify reports and due date for each below.** Yes ___ No ___

Comments _____

Does the department or PI wish to review the sub-award prior to sending? Yes ___ No ___

Does the sub-recipient work include the use of human subjects? Yes ___ No ___

If yes, please provide Approved sub-recipient protocol number and expiration date: _____

If yes, will human subject data be addressed in the sub-award? Choose from below.

___ Not Applicable-to be selected when it has been determined that a Data Transfer Usage Agreement (DTUA) or additional terms are not necessary.

___ Applicable-to be selected when it has been determined that either a DTUA or additional terms will be necessary to address the transfer of human subjects data.

___ Human subjects data will not be addressed in this agreement-if it cannot be determined at the time of the sub-award issuance whether a DTUA or additional terms will be necessary, or if the PI and sub-recipient agree to address human subjects data

Does the sub-recipient work include the use of vertebrate animals? YES ___ No ___

If yes, please provide sub-recipient protocol number and expiration date. _____

If USDA regulated species, please also provide sub-recipient registration number. _____

Is the work performed by the sub-recipient Export Controlled? Yes ___ No ___

Does the work performed by the sub-recipient contain Controlled Unclassified Information? Yes ___ No ___

Sub-award Request

If requesting a sub-award amendment, please complete the following:

Is the performance of the sub-recipient satisfactory? Yes ___ No ___

Has the sub-recipient submitted and have you reviewed all technical performance reports in a timely fashion?

Yes ___ No ___ N/A ___

Have all invoices been reviewed for reasonableness to work performed? Yes ___ No ___

I hereby authorize Sponsored Research Services to prepare and release a sub-award. I understand that as the Principal Investigator of this award, I am responsible for verifying that the sub-recipient is suitable and uniquely qualified to carry out the scope of work. I have disclosed to the University, in writing, any relationships between myself or other key personnel at University of Cincinnati and collaborators at the sub-recipient organization, per the University of Cincinnati's Conflict of Interest Policy, University Rule 10-17-08. I am also responsible for monitoring the sub-recipient's work progress, including any technical reports and other deliverable as defined in the sub-recipient's scope of work. I must authorize the release of funds for sub-recipient payment of invoices and notify SRS immediately if there are any problems with a sub-recipient's performance on this project.

Signature of UC Principal Investigator:

(Designee signature NOT allowed)

_____ Date: _____

Required Documents for Requests:

1. Attachment 3A
2. Attachment 3B
3. Statement of Work (SOW)
 - a. SOW should be detailed and specific to the subrecipient. For subaward amendments, each year should be specific to the project aims (deliverables). May need to submit revised SOW each year.
 - b. SOW should answer, "What is being done, who is doing it, over what time period, and for what dollar amount (or percentage of the total subaward amount)?"
4. Budget
5. Budget Justification
6. FEO Prime Award