

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 address 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: _____