

## Subaward Request Form

Department to Complete:

Request Type: \_\_\_\_\_ If Amendment, select action: \_\_\_\_\_

UC PI Name: \_\_\_\_\_

Sponsor Name/Sponsor #: \_\_\_\_\_

Reportable Cost Share by Sub-recipient? Yes \_\_\_ No \_\_\_ SAP#: \_\_\_\_\_ Kual Award#: \_\_\_\_\_

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 authorize carryover to the subrecipient? (Note: UC PI has the authority to disallow carryover to subrecipient)  
Yes \_\_\_ Possible/Not Automatic \_\_\_ No \_\_\_

- Does the PI wish to include any special terms, including technical reports, 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 \_\_\_

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

b. 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 DTUA or additional terms will be necessary, or if the PI and sub-recipient agree to address human subjects data.

c. If yes, is the sub-recipient's work a clinical trial? Yes \_\_\_ No \_\_\_ A clinical trial is a research study in which one or more human subjects are prospectively assigned to one or more interventions, (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes.

- Does the sub-recipient work include the use of vertebrate animals? Yes \_\_\_ No \_\_\_

If yes:

a. Please provide protocol number applicable to this study and the expiration date. \_\_\_\_\_

b. If the protocol number above is the subrecipient's own protocol, has that protocol been approved by UC's Institutional Animal Care and Use Committee? Yes \_\_\_ No \_\_\_

\*\*If no, contact UC's IACUC office for approval. Subaward will not be processed without UC's IACUC approval.

6. If USDA regulated species, please also provide sub-recipient registration number. \_\_\_\_\_
7. Is the work performed by the sub-recipient Export Controlled? Yes \_\_\_ No \_\_\_
8. Does the work performed by the sub-recipient contain Controlled Unclassified Information? Yes \_\_\_ No \_\_\_

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

1. Is the performance of the sub-recipient satisfactory? Yes \_\_\_ No \_\_\_
2. Has the sub-recipient submitted and have you reviewed all technical performance reports in a timely fashion? Yes \_\_\_  
No \_\_\_ N/A \_\_\_
3. 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Designee signature is NOT allowed)

### 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