



To be completed by the institution issuing the subaward:

Dept.:

Proposal Title:

Performance End:

To be completed by the subrecipient institution:

City:

State:

Zip (+4):

Subrecipient PI:

EIN:

UEI:

Congressional District:

Subrecipient registered in SAM: Yes No

Institution Type (if applicable):

HBCU

Large Business

Small Business

Tribal

Woman-owned

Veteran-Owned

Minority Institution/Owned

Other (describe):

Sponsored Programs Administrative Name:

Sponsored Programs Administrative Email:

Performance Site Location:

Same as above: Yes No (if no, provide performance site information below)

Address:

City:

State:

Zip (+4):

Subrecipient Budget Request:

Total funds requested: \$

Direct Cost: \$

Indirect Cost Rate %:

Indirect Cost Amount: \$

Cost Sharing: Yes No

(If yes, please ensure that the budget and budget justification include cost-sharing amounts and an explanation of the sources of the cost share.)

Human Subjects Research: Yes No

(If yes, copies of the IRB approval and approved “Informed Consent” form must be provided prior to the subaward being officially issued.)

Animal Subjects Research: Yes No

(If yes, a copy of the IACUC approval must be provided prior to the subaward being officially issued.)

Checklist of Required Proposal Documents:

Scope of Work

IRB/IACUC, if applicable

Budget and budget justification

IDC rate agreement

This form signed by AOR

Financial audit or link

Other (describe):

Certifications:

We are required to comply with OMB Uniform Guidance Subpart F - Audit Requirements

Yes No

Audit Contact Name and Title:

Audit Contact Phone:

Audit Contact Email:

Signature:

With the signature below, the Authorized Official certifies that the information, certifications, and representations are true and correct, and that the appropriate programmatic and administrative personnel involved in this application are aware of sponsoring agency policies in regard to subawards and are prepared to establish an inter-institutional agreement consistent with those policies.

Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.

Authorized Official Signature

Date Signed

Authorized Official Name/Title

This institution is an equal opportunity employer, lender and provider.