



## SUBCONTRACT/SUBAWARD REQUEST FORM

Please provide the information requested below and forward the request, signed by the Principal Investigator, Dean/Consortium Director/Institute Director/CEO, and Financial Officer, to the Office of Sponsored Programs. The Subrecipient's proposal must be attached and include the following:

- Cover Page**     **Statement of Work**     **Budget**     **F&A Rate Agreement (if applicable)**
- Representations and Certifications (if applicable)**

**1. For subcontracts/subawards being issued under a Prime Award from a PHS Agency (e.g., NIH, FDA, etc.) or other agency that has adopted similar Financial Conflict of Interest requirements, please answer the following. Otherwise, please proceed to item #2.**

Have all necessary conflict of interest checks and reviews been completed by the subrecipient institution?      \_\_\_\_\_ Yes \_\_\_\_\_ No\*

\*Note: Subawards/Subcontracts will not be executed until such review has been completed. It is a violation of federal law to allow spending on a subaward/subcontract, until the subrecipient institution has either certified its own compliance with PHS COI policy or been reviewed by PSU's COI program.

**2. Request to issue:**

- Initial **Subaward (SA)/Subcontract (SC)**
  - Amendment** to Subaward/Subcontract No.: \_\_\_\_\_
- No Cost Extension \_\_\_ Additional Funding \_\_\_ New End Date & Additional Funding \_\_\_ Decrease in Funds \_\_\_

**3. OSP Number of Prime Award:** \_\_\_\_\_

**4. Prime Award Number:** \_\_\_\_\_

**5. Penn State University's Prime Award is a:**

- Grant – Complete all sections (as applicable) except #13**
- Contract – Complete all sections (as applicable)**

**6. Subcontract/Subaward Information:**

**Subrecipient Administrative Contact:**

\_\_\_\_\_  
Subrecipient

\_\_\_\_\_  
Name

\_\_\_\_\_  
SA/SC Project Director

\_\_\_\_\_  
Address

\_\_\_\_\_  
SA/SC/Amendment Amount

\_\_\_\_\_  
Address

\_\_\_\_\_  
SA/SC/Amendment Period of Performance

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cumulative amount funded to date (including this action)

\_\_\_\_\_  
Email/Website

\_\_\_\_\_  
DUNS Number

**7. Prime Award Information:**

**Penn State Project Director:**

\_\_\_\_\_  
Prime Sponsor

\_\_\_\_\_  
Name

\_\_\_\_\_  
Prime Award Funded Amount to Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Period of Performance

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Budget/Fund Number

\_\_\_\_\_  
CFDA Number

\_\_\_\_\_  
Email

**8. Is there a cost sharing commitment associated with this subaward/subcontract?**

Yes  No  If yes, please provide amount specific to this action: \_\_\_\_\_

**9. Is Subrecipient requesting F&A?**

Yes  No  N/A  If "Yes", please attach rate agreement.

**10. Penn State's Project Title:** \_\_\_\_\_

**a. Additional description if project title does not adequately describe what the subrecipient is doing:**

\_\_\_\_\_  
\_\_\_\_\_

**11. Other Information**

a. Provide any information which you feel will be useful to the person preparing the subaward / subcontract, e.g., change/no change in statement of work, unusual publication requirements, unusual intellectual property requirements, etc.

\_\_\_\_\_  
\_\_\_\_\_

b. Foreign Subrecipient Requirements:

1. If issuing the subaward/subcontract to a foreign entity, please provide the milestone payment instructions. (Example: For a subaward totaling \$15,000 for the period 10/1/2010-9/30/2011 - Issue equal payments of \$5,000 upon receipt of invoice and required reports, as follows: (1) Upon full execution of Agreement; (2) June \_\_, 2011; and (3) September \_\_, 2011.)

\_\_\_\_\_  
\_\_\_\_\_

2. Has an export review been completed?  Yes Log #: \_\_\_\_\_  No

**12. Reporting Requirements (if not checked, reporting requirements will be monthly)**

Monthly  Quarterly  Annually

Other \_\_\_\_\_

**13. If Prime Award is a contract, complete either Section 13.A or 13.B (Competition or Sole Source Justification)**

**a. Competition**

Attach separate sheet which includes the following:

- i. Name and address of each potential subcontractor contacted
- ii. Name and amount proposed by each potential subcontractor responding
- iii. Subcontractor selected
- iv. Reason for selection

**b. Sole Source Justification:** Provide justification for selection of subcontractor if competitive bids were not solicited.

- Joint Proposal, or;
- Sole Source Justification provided on a separate sheet.

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By signing below, I certify that I have read the following statements and certify that they are accurate and truthful to the best of my knowledge and belief:

The project or relationship with this Subrecipient (*PI initials*) \_\_\_\_\_ does or does not \_\_\_\_ present a potential for conflict of interest or the appearance of a conflict for investigators so involved have provided a complete disclosure of this matter, as instructed by current University policy and/or Federal regulation.

**The Subrecipient's proposed costs have been reviewed by the Principal Investigator and are considered reasonable for the Subrecipient's level of expertise and the technical effort proposed by the Subrecipient.**

Funding is available for this subaward/subcontract and is an allowable cost under the terms of the Award.

Principal Investigator

Approved:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Dean(s), Consortium/Institute Director, CEO  
or Designated Representative

\_\_\_\_\_  
Financial Officer or  
Designated Representative Date

\_\_\_\_\_  
Title Date

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