

University of Maryland Baltimore County  
Office of Sponsored Programs  
**SUBAWARD REQUEST FORM**  
(02/2015)

Please email this completed form (**signed by UMBC Principal Investigator**) and **all** required documentation to [ospa@umbc.edu](mailto:ospa@umbc.edu) . Electronic signatures are acceptable.

**SECTION I:**

UMBC PRINCIPAL INVESTIGATOR: \_\_\_\_\_ PEOPLESFT PROJECT #: \_\_\_\_\_

Award Sponsor: \_\_\_\_\_ Award No. \_\_\_\_\_

SUBRECIPIENT Full Legal Name (no abbreviations): \_\_\_\_\_

Project Title: \_\_\_\_\_

Amount To Be Obligated (this action): \$ \_\_\_\_\_ Total Cost (if fully funded): \$ \_\_\_\_\_

Initial Period of Performance (Subawards are normally set up at one year increments):

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ Requisition ID: \_\_\_\_\_ \*

**ATTACHMENTS TO BE PROVIDED:**

Check all that apply to this Subaward (required documents are outlined in bold):

\_\_\_\_\_ **Current Statement of Work (if different from proposal)**

\_\_\_\_\_ **Current Budget** (if different from proposal, matches anticipated funding and is broken out between Direct & Indirect Costs

\_\_\_\_\_ *Cost Sharing* obligation - Amount Committed: \$ \_\_\_\_\_

\_\_\_\_\_ *IRB Approved Protocol* (if Human Subjects involved in research)

\_\_\_\_\_ *IACUC Approved Protocol* (if Animal Use involved in research)

\_\_\_\_\_ *Export Control Information* identified (if shared or produced by SUBRECIPIENT)

**\*PLEASE NOTE: A SUBRECIPIENT WHICH HAS NOT PREVIOUSLY RECEIVED A SUBAWARD FROM UMBC MAY REQUIRE A FURTHER ADMINISTRATIVE RISK ASSESSMENT AND REVIEW. ADDITIONAL TIME MAY BE REQUIRED TO PROCESS SUCH A SUBAWARD REQUEST. IF SUBRECIPIENT IS A FOREIGN ENTITY, ADDITIONAL ADMINISTRATIVE REQUIREMENTS MAY APPLY PER THE SPONSORING AGENCY**

**SECTION II: SUBRECIPIENT Contact Information**

A. Administrative/Business Address: \_\_\_\_\_

B. Administrative POC: \_\_\_\_\_ SUBRECIPIENT Principal Investigator: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION III: UMBC Contact Information**

A. UMBC Administering Department: \_\_\_\_\_

B. Department Business Manager: \_\_\_\_\_ UMBC Principal Investigator: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION IV: Additional Information to Process Subaward/Subcontract Request**

**SECTION V: Acknowledgements**

By completing this form and submitting it to the Office of Sponsored Programs, the PI and Department acknowledge:

1. The statement of work , budget, and budget justification for the Subrecipient have been reviewed in accordance with the objectives of the prime award.
2. The PI and Department are responsible for their role in Subrecipient Monitoring as outlined in the Subrecipient Monitoring Policies and Procedures Guide available at <http://research.umbc.edu/policies-and-procedures/> .
3. Subrecipient Monitoring is a joint responsibility between the Principal Investigator, the Department, the Office of Sponsored Programs, and the Office of Contract and Grant Accounting.

**SECTION VI: PRINCIPAL INVESTIGATOR / AUTHORIZED DESIGNEE & BUSINESS MANAGER APPROVAL**

UMBC Principal Investigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

UMBC Business Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**After the Subaward Agreement is issued, if any concerns arise regarding the work performance, contact the Office of Sponsored Programs as soon as possible.**

**DATE REQUEST RECEIVED BY OSP:** \_\_\_\_\_

**SUBAWARD NUMBER (TBD BY OSP):** \_\_\_\_\_