

University of Maryland Baltimore County
Office of Sponsored Programs
SUBAWARD REQUEST FORM
(02/2018)



Please email this completed form (signed by UMBC Principal Investigator) and all required documentation to umbcsubawards@umbc.edu. Electronic signatures are acceptable.

SECTION I:

UMBC PI: _____ PEOPLESOFT 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: _____ INITIAL END DATE: _____ ANTICIPATED END DATE: _____

ATTACHMENTS TO BE PROVIDED:

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

Subawardee was included in the proposal

Current Statement of Work (if different from proposal)

Current Budget and Budget Justification (if different from proposal)

Cost Sharing obligation - Amount Committed: \$ _____

IRB Approved Protocol (if Human Subjects involved in research), if yes:

Human Subject Data: yes no; if yes: From Subrecipient to UMBC, From UMBC to Subrecipient

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: Reporting requirements (if different from default)**Technical:**

Monthly ____ days after the end of each month

Final ____ days after the end of the project

Annual ____ days before the end of the project year

Specific dates _____

Financial:

Final invoice ____ days after the end of the project

SECTION V: 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):** _____