

## SUBAWARD REQUEST FORM

Complete and submit this form along with the required documents specified under **Directions** below to: [subawards@ucdavis.edu](mailto:subawards@ucdavis.edu)  
 \*\*\*See [Subaward Request Form Instructions](#) for additional guidance\*\*\*

UCD Prime Award Information	Subaward Information	
Sponsor Name:  Sponsor Award Number: Cayuse Project Number: Accounting Fund Number: Overall Project Period:	Legal Name:  *Subaward Number:  *Leave blank if this is a request for New Subaward	
UC Davis Information	Issue New Subaward <i>(complete fields below)</i>	
<b>UC Davis Principal Investigator/Project Director:</b> Name: Department: Phone: Email: Address:	Initial Subaward Period (12 months or less)	Entire Subaward Period
	Start Date:	Start Date:
	End Date:	End Date:
	Funding:	Funding:
<b>UC Davis Department Administrative Contact:</b> Name: Position/Title: Phone: Email: Address:	Amend Existing Subaward <i>(complete applicable fields below)</i>	
	<input type="checkbox"/> Increase Funding	Amount to Add: New Total:
	<input type="checkbox"/> Decrease Funding	Amount to Decrease: New Total:
	<input type="checkbox"/> Approve Carry Over	Amount:
	<input type="checkbox"/> Extend End Date	New End Date:
<b>Invoices are defaulted to <a href="mailto:invoicing@ucdavis.edu">invoicing@ucdavis.edu</a></b> <input type="checkbox"/> Only send invoices to <a href="mailto:invoicing@ucdavis.edu">invoicing@ucdavis.edu</a> <input type="checkbox"/> Also send invoices to the contact below: Name: Position/Title: Phone: Email: Address:	Other (e.g., change in Subrecipient PI):	
Subaward Contact Information		
<b>Subawardee Principal Investigator/Project Director:</b> Name: Department: Phone: Email: Address:	<b>Subawardee Administrative Contact:</b> Name: Position/Title: Phone: Email: Address:	

### Subaward Specific Requirements

In the space below, please list any specific requirements that need to be included in the terms of the subaward. For example, due dates for interim and final reports, payment schedules, other instruction as applicable. Provide any special instructions as needed. (Optional)

### Compliance

#### What was the basis for selection of Subrecipient?

Competitive

\*Sole Source

\*If Sole Sourced **AND** request is either for a "Subcontract" under a prime award Contract **OR** Subrecipient was not included in original proposal submitted to sponsor, complete the [Sole Source Justification Form](#) (under the 'Guidance and Forms' tab)

#### Conflict of Interest

Will this Subrecipient relationship result in an agreement between the University and an entity in which you or your near relative has a financial interest?

Yes; if **yes**, complete the [Conflict of Interest - Report of Proposed Transaction form](#) and submit to SPO

No

Subrecipient will perform research involving the following (check all applicable):

Human Subjects

Animal Subjects

Recombinant DNA

Stem Cells

N/A

#### Human Subject Data Sharing

Will this Subrecipient relationship result in human subject data sharing?

Yes; if **yes**, if yes, please contact the Material Transfer Agreement (MTA) Team in InnovationAccess at [mta@ucdavis.edu](mailto:mta@ucdavis.edu)

No

**As the UCD Principal Investigator listed above, I certify that I have reviewed the Subrecipient's budget and believe that the cost stated therein to be reasonable and appropriate for the work to be performed. In the event this action represents an increment, continuation, or no cost time extension, I further certify that the Subrecipient's performance goals were met and that progress to date is satisfactory.**

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

### Directions for Submission to SPO

1. This form and all required documents should be sent as one PDF document to [subawards@ucdavis.edu](mailto:subawards@ucdavis.edu)
2. A separate form and email is required for each subaward requested.
3. Submission of this form by the department represents Principal Investigator's approval of the information provided.

#### Required documents for New Subaward:

- Statement of Work - must include clear involvement in programmatic decision-making.
- Budget and Budget Justification - must be agreed to by the subrecipient prior to submission to SPO.
- [Subrecipient Commitment Form](#), [FDP Pilot Subrecipient Project Information Sheet](#), or [Multiple Campus \(MCA\) Commitment Form](#) (as applicable) - must be filled out and signed by Subrecipient's authorized official within the last 12 months.
- [Mini-Audit Questionnaire](#), if applicable (see Section D of the Subrecipient Commitment Form)
- Subrecipient COI Form ([PHS](#) or [Non-PHS](#)), if applicable (see Section C of the Subrecipient Commitment Form)
- [Sole Source Justification Form](#) (if applicable)

#### Required documents for Amendment to an Existing Subaward:

- Statement of Work—only if different from the original subagreement or amendment and approved by subrecipient.
- Budget and Budget Justification—only if different from the original and approved by subrecipient.
- [Mini-Audit Questionnaire](#) - only if it was required as part of the initial request package and more than 12 months has passed since it was originally signed

**Note: Incomplete forms without ALL of the above required attachments will be returned without further review and will delay issuance of the subaward. \*\*\*\*See [Subaward Request Form Instructions for additional guidance](#).\*\*\*\***