

Instructions for Completing the Subaward Request Form

To facilitate the fastest processing of your Subaward Request, please ensure that the Subaward Request Form is completed correctly, as follows:

UCD Prime Award Information

Complete this section for both **New Subaward** and **Subaward Amendment** requests.

- **Sponsor Name:** Provide the name of the sponsor that has awarded UCD funds to support the Subaward (e.g. National Institutes of Health, National Science Foundation, Bill & Melinda Gates Foundation, etc.).
- **Sponsor Award Number:** Provide the unique award identifying number assigned to the prime award by the Sponsor (e.g. NIH award identifier would be similar to 1R01HD024356-01)
- **Cayuse Award Number:** Provide the unique award identifying number assigned to the prime award by SPO. (Guidance: This is the 7-digit alphanumeric number that appears in Cayuse on the Project Administration Page, A15-1234.)
- **KFS Fund:** Provide the KFS Fund number for the award.
- **Overall Project Period:** Provide the start and end dates for the overall prime award period of performance. These dates should reflect the start and end dates assigned by the Sponsor.
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UCD Prime Award Information	
Sponsor Name:	National Cancer Institute
Sponsor Award Number:	R01 1234567
Cayuse Project Number:	A21-1234
KFS Fund:	12A345
Overall Project Period:	01/01/2018 - 12/31/2022

UC Davis Information

Complete this section for both **New Subaward** and **Subaward Amendment** requests.

UC Davis Principal Investigator/Project Director

- **Name:** Provide the name of the UCD Principal Investigator (PI), as assigned by the Sponsor. If multiple PIs are assigned by the Sponsor, provide the name of the Lead PI.
- **Department:** Provide the name of the UCD PI's Department/Unit. This also should include the name of the PI's School and, if applicable, Division or Program (e.g. School of Public Health, Division of Epidemiology).
- **Phone:** Provide the UCD PI's UCD phone number. (This should not be a personal or cell phone number.)
- **Email:** Provide the UCD PI's "ucdavis.edu" email address. (This should not be a personal email account.)
- **Address:** Provide the UCD PI's mailing address, including Mail Code (if applicable) and zip+4.

UC Davis Information	
UC Davis Principal Investigator/Project Director:	
Name:	Professor Barry Brilliant
Department:	College of Ag: Plant Sciences
Phone:	530-123-4567
Email:	bbrilliant@ucdavis.edu
Address:	College of Ag: Plant Sciences The Very Large Hall, Room 1234 Davis, CA 95616

UC Davis Department Administrative Contact

- **Name:** Provide the name of the UCD post-award Department Financial Administrator whom the Subrecipient should be told to contact for financial matters (such as to obtain PO number for the Subaward, or for follow-up questions about invoicing). This person will be named in the Subaward document as UCD’s Financial Contact. (Guidance: This person is typically the UCD PI’s post-award Research Administrator, but may also be the pre-award Research Administrator, or Program Manager, depending on individual Department’s processes. **Please do not name the SPO Subaward Analyst or Authorized Official.**)
- **Position/Title:** Provide the position or title of the UCD Department Financial Administrator. (e.g. “Research Administrator,” “Project Director,” etc.)
- **Phone:** Provide the UCD Department Financial Department Administrator’s UCD phone number. (This should not be a personal or cell phone number.)
- **Email:** Provide the UCD Department Financial Administrator’s “ucdavis.edu” email address. (This should not be a personal email account.)
- **Address:** Provide the UCD Department Financial Administrator’s mailing address, including Mail Code (if applicable) and zip+4.

<p>UC Davis Department Administrative Unit Contact: Name: Mary Helpful Position/Title: Grants Assistant Phone: 530-123-7899 Email: mhelpful@ucdavis.edu Address: College of Ag: Plant Science 1245 Green Hall Davis, CA 95616</p>

Submit Invoices to:

If this person is the UC Davis Department Administrative Contact please indicate in the appropriate box in this section. If this person is not the same person listed in the UC Davis Administrative Contact section, please provide the appropriate information.

- **Name:** Provide the name of the person to whom the Subrecipient should submit invoices and to contact for invoicing matters (such as to obtain PO number for the Subaward, or for follow-up questions about invoicing). **Note: This is not the SPO Subaward Analyst or Authorized Official.**
- **Position/Title:** Provide the position or title (e.g. “Finance Manager” etc.)
- **Phone:** Provide phone number. (This should not be a personal or cell phone number.)
- **Email:** Provide the UCD Department Financial Administrator’s “ucdavis.edu” email address. (This should not be a personal email account.)
- **Address:** Provide the mailing address, including Mail Code (if applicable) and zip+4.

<p>Submit Invoices to: <input type="checkbox"/> Same as Department Administrative Contact Above <input checked="" type="checkbox"/> Other than Administrative Contact Above: Name: James Moneybags Position/Title: Account Manager Phone: 530-123-4567 Email: jmoneybags@ucdavis.edu Address: University of California Department of Plant Sciences One Shields Avenue Mail Stop 67 (1234 Gold Coin Hall) Davis, CA 95616</p>

Subaward Information

Complete this section for both **New Subaward** and **Subaward Amendment** requests.

- **Legal Name:** Provide the full legal name of the institution/entity that will be receiving the Subaward from UCD. Do not use abbreviations or acronyms. (Guidance: This is found on the Subrecipient's completed Multiple Campus (MCA) Commitment Form, Subrecipient Commitment Form or FDP Pilot Subrecipient Project Information Sheet.)
- **Subaward Number:** There will not be a Subaward Number if this is a request for a New Subaward. However, for a request for a Subaward Amendment, provide the Subaward number assigned to this subaward by SPO. This is a 11-digit alphanumeric number (e.g. A15-1234-S001)

Subaward Information
Legal Name: University of Southern California
*Subaward Number: A21-1234-S001 (*complete if this is not a request for New Subaward)

Issue New Subaward

Check the "Issue New Subaward" box and **complete this section only if you are requesting a New Subaward that has not yet been established (e.g. for Year 1 funding)**. If you are requesting an Amendment to an existing Subaward, leave this section blank.

Initial Subaward Period (12 months or less)

- **Start Date:** This should be the date the Subrecipient will start work on the project. **This date may not precede the start date of UCD's Prime Award from the Sponsor.**
- **End Date:** This should be the end date of the initial budget period (e.g. the end of Year 1). **This date may not exceed the end date of UCD's initial budget period on the Prime Award.**
- **Funding:** This should be the amount of funding to be awarded to the Subrecipient, for the initial budget period (e.g. Year 1). This amount must match the total shown on the attached Budget.

(Note: If the PI wishes to award only a portion of the funds for the initial budget period (e.g. 50% of the Year 1 Budget) but you are including a Budget showing the full funding amount, please include an explanation in the Subaward Specific Requirements on page 2 of the form; indicate the schedule and/or conditions under which the remaining funds for the initial budget period will be awarded. For example: "50% of Year 1 funds are being awarded at this time. The remaining 50% will be awarded by amendment, pending UCD's receipt of Subrecipient's IRB approval.")

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)
50% of Year 1 funds are being awarded at this time. The remaining 50% will be awarded by amendment, pending UCD's receipt of Subrecipient's IRB approval

Entire Subaward Period

- **Start Date:** This should be the date the Subrecipient will start work on the project. **This date may not precede the start date of UCD's Prime Award from the Sponsor.**

- **End Date:** This should be the end date of the last budget period (e.g. the end of Year 5). ***This date may not exceed the end date of UCD’s Prime Award from the Sponsor.***
- **Funding:** This should be the amount of funding to be awarded to the Subrecipient, for the entire subaward (e.g. Years 1-5). This amount must match the total shown on the attached Budget.

<input checked="" type="radio"/> Issue New Subaward <i>(complete fields below)</i>	
Initial Subaward Period (12 months or less)	Entire Subaward Period
Start Date: 01/01/2018	Start Date: 01/01/2018
End Date: 12/31/2018	End Date: 12/31/2022
Funding: \$100,000	Funding: \$300,000

Amend Existing Subaward

Check the “Amend Existing Subaward” box and complete this section ***only if you are requesting an Amendment to an existing subaward*** (e.g. for Year 2 funding, for a no-costs extension, etc.). If you are requesting a New Subaward, leave this section blank.

- **Increase Funding:** If you want to add funds to the Subaward (in addition to the amount that was awarded in the original agreement or in previous amendments), check the “Increase Funding” box.

Note that a revised Budget and Justification must accompany your amendment request if:

- The Subaward is being funded incrementally, you are adding the next year’s funds, and the Budget for these funds was not previously included in the Subaward agreement; or
 - There has been a change to the Subrecipient’s Budget (i.e. a change from the Budget that was included in the initial agreement, or in most recent previous amendment).
- **Amount to Add:** Provide the new funding amount being added to the Subaward. This amount must match the total shown in the amendment Budget. -- ***Important: Carry-forward funds are not considered new funding being added to the Subaward. Budgets for new funding should not include carry-forward funds.***
 - **New Total:** Provide the new total of funds awarded to date. This should be the sum of previous amounts awarded under this Subaward plus the new funding amount specified above. (e.g. If you are adding Year 2 funds, the “New Total” amount will be the Year 1 funding amount, plus the new Year 2 funds.)
- **Decrease Funding:** If you want to reduce (de-obligate) funds from the Subaward, check the “Decrease Funding” box. Note that a revised Budget and Justification must accompany your amendment request. (See, also, the “Attaching the Required Documents” section below.)
 - **Amount to Decrease:** Provide the amount being de-obligated from the Subaward.
 - **New Total:** Provide the new total of funds awarded to date. This should be the sum of previous amounts awarded under this Subaward less the amount you are de-obligating.

(Important: For Cost-Reimbursement Subawards, it is not necessary to decrease Subaward funding in order to de-obligate unspent balances from a Subaward at the end of the Subaward Period of Performance. Any funds not invoiced by the Subrecipient automatically revert to UCD at the close of a Subaward.)

- **Approve Carry Over:** Check the “Approve Carry Over” box only if allowable and UCD PI approves carry over for the Subrecipient.
 - **Amount:** Provide the amount of approved carryforward.

- **Extend End Date:** If you want to extend the end date of the Subaward (e.g. to add another year or to add a no-cost extension), check the “Extend End Date” box. Note that if you are increasing funding for the next project year, you should also extend the Subaward end date to match the end date of that next project year.
 - **New End Date:** Enter the new end date for the Subaward. **This date may not exceed the end date of UCD’s authorized budget period.**
- **Other:** Complete this section to request any other changes to the award, such as a change in Subrecipient PI, changes to the terms of the agreement, early termination of subaward, etc.

Examples:

- Request for additional funding within subaward current budget period and approval for rebudgeting

<input checked="" type="radio"/> Amend Existing Subaward <i>(complete applicable fields below)</i>	
<input checked="" type="checkbox"/> Increase Funding	Amount to Add: \$25,000 New Total: \$125,000
<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:
Other (e.g., change in Subrecipient PI): Approval to rebudget between line items (see attached revised budget).	

- Request to provide next budget period funding (e.g. Year 2 of a 5 year project), approval of Carry Over, and to extend subaward end date:

<input checked="" type="radio"/> Amend Existing Subaward <i>(complete applicable fields below)</i>	
<input checked="" type="checkbox"/> Increase Funding	Amount to Add: \$125,000 New Total: \$250,000
<input type="checkbox"/> Decrease Funding	Amount to Decrease: New Total:
<input checked="" type="checkbox"/> Approve Carry Over	Amount: \$30,000
<input checked="" type="checkbox"/> Extend End Date	New End Date: 12/31/19
Other (e.g., change in Subrecipient PI):	

Subawardee Contact Information

Complete this section for both **New Subaward** and **Subaward Amendment** requests.

Subawardee Principal Investigator/Project Director

- **Name:** Provide the name of the Subrecipient’s Principal Investigator/Project Director (PI).
- **Department:** Provide the name of the Subaward PI’s Department. Please avoid acronyms whenever possible.
- **Phone:** Provide the Subaward PI’s phone number.
- **Email:** Provide the Subaward PI’s email address.
- **Address:** Provide the Subaward PI’s mailing address, including zip+4.

Subaward Conta	
Subawardee Principal Investigator/Project Director:	
Name:	Professor Suzie Smart
Department:	Entomology
Phone:	999-123-1234
Email:	ssmart@usc.edu
Address:	Unviersity of Southern California Department of Entomology 1234 Insect Drive Sunny So Cal, CA 123456

Subawardee Administrative Contact

- **Name:** Provide the name of the Subrecipient's Administrative Contact
- **Position/Title:** Provide the name of title of Subrecipient's Administrative Contact.
- **Phone:** Provide the Subrecipient Administrative Contact's phone number.
- **Email:** Provide the Subrecipient Administrative Contact's email address.
- **Address:** Provide the Subrecipient Administrative Contact's mailing address, including zip+4.

Subawardee Administrative Contact Information
Subawardee Administrative Contact: Name: Annie Quick Position/Title: Contracts & Grants Analyst Phone: 999-345-6789 Email: aquick@usc.edu or awards@usc.edu Address: University of Southern California Office of Research, Sponsored Projects 5678 Compliance Drive Sunny So Cal, CA 123456

Subaward Specific Requirements

Complete this section for both **New Subaward** and (if needed) **Subaward Amendment** requests.

Use this section to list any specific requirements to be included in terms of the subaward.

Examples:

- *UCD PI wants to specify particular Subrecipient reporting timelines or due dates that differ from standard reporting requirements (see note below). The UCD PI should also attach to the Subaward Request Form, any applicable milestones/deliverables schedules required of the Subrecipient.
- Specific Payment Schedules (for fixed priced subawards)
- Advance Payment instructions

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)
Payment Schedule: 25% upon execution of the subaward 50% upon receipt of interim report which is due no later than February 27, 2019 25% upon receipt of final report

***Note:** SPO will default to standard reporting requirements *unless otherwise noted in this section*. When drafting the subaward, SPO will review the Prime Award to determine UCD's reporting requirements to the Sponsor. SPO will then include reporting requirement terms in the Subaward document that allow UCD to provide the required reports to the Sponsor.

Whenever possible, SPO will build in time (e.g. 30 days) between the receipt of the Subrecipient's reports and the due date of UCD's reports to the Sponsor. This will allow the UCD PI time to integrate the Subrecipient's reporting information into UCD's reports to the Sponsor.

Compliance

Complete this section for both **New Subaward** and **Subaward Amendment** requests.

Basis for Selection of Subrecipient

- **Competitive** – Check this box if subrecipient/subcontractor was selected based on an RFP issued through Procurement & Contracting Service (provide documentation to SPO).

- **Sole Source** – Check this box if subrecipient/subcontractor was not competitively bid based upon unique qualifications, facilities, know how, or integral part of a collaborative research team. *If checked 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 and provide documentation to SPO.*

Conflict of Interest

UCD Principal Investigator must complete as appropriate.

Subrecipient will Perform Research Involving the Following

UCD Principal Investigator must complete as appropriate.

Human Subject Data Sharing

UCD Principal Investigator must complete as appropriate.

Principal Investigator Signature

Uniform Guidance (2 CFR Part 200) requires performance of certain activities to ensure proper monitoring of subrecipients. The Subaward Request Form is an integral part of the subrecipient monitoring process. **As such, the UCD Principal Investigator is signature is required to sign the Subrecipient Form.**

Signature of the UCD Principal Investigator represents:

- Approval of the information provided in the Subaward Request Form
- Certification that the Subrecipient’s costs are reasonable and appropriate
- Certification that the Subrecipient’s performance goals were met and progress to date is satisfactory (if the requested action represents an increment, continuation, or no cost time extension to an existing subaward).

Required Documents

New Subaward Requests, the following documents must accompany the Subaward Request Form:

- **Statement of Work:** You must provide the Subrecipient’s Statement of Work, which includes a clear description of the work to be performed and, if applicable, any proposed timelines and deliverables.
- **Budget and Justification:** You must provide the Subrecipient’s Budget and Justification. At minimum, a Budget for the initial budget period (e.g. Year 1) is required. A Budget that includes the entire performance period (e.g. Years 1-5) may be provided; if this is done, the entire performance period budget will be included in the Subaward, unless the UCD PI requests otherwise. If the Budget for the entire performance period is included in the initial Subaward agreement, the UCD PI will not need to provide Budgets for future year amendments, unless there are changes to the Budgets for those years.

The Statement of Work, Budget and Justification that accompany the Subaward Request Form must be legible and in a type size that is easily readable. Subaward documents may be scanned multiple times during the execution process, which reduces document resolution. For this reason, small type size, colored type, and shading are discouraged, since they may render the documents unreadable after scanning.

- **Subrecipient Commitment Form:** You must provide a Multiple Campus (MCA) Commitment Form, Subrecipient Commitment Form or FDP Pilot Subrecipient Project Information sheet, completed and signed by the Subrecipient’s Authorized Official within the past 12 months.
 - Use the Multiple Campus (MCA) Commitment Form if the Subrecipient is another UC Campus.
 - Use the Subrecipient Commitment Form if the Subrecipient is not included among the list of institutions participating in the FDP Expanded Clearinghouse.
 - Use the FDP Pilot Subrecipient Project Information sheet, if the Subrecipient is included among the list of institutions participating in the FDP Expanded Clearinghouse.
- **Mini-Audit Questionnaire:** If Subrecipient has indicated “No” in **Section D - Audit Status** of the Subrecipient Commitment Form, you must provide a Mini-Audit Questionnaire completed and signed by the Subrecipient’s Authorized Official within the past 12 months.

- **Subrecipient COI Form**, if applicable (see Section D of the Subrecipient Commitment Form)
- **Sole Source Justification Form** (if applicable)

Subaward Amendment Requests, the following documents must accompany the Subaward Request Form:

- **Statement of Work:** Provide a revised Statement of Work **only if there has been a change** to the Subrecipient's Statement of Work that was previously included in the Subaward agreement.
- **Budget and Justification:** Provide a revised Budget and Justification **only if:**
 - The Subaward is being funded incrementally, you are adding the next year's funds, and the Budget for these funds **was not previously included** in the Subaward agreement; or
 - There has been a change to the Subrecipient's Budget (i.e. a change from the Budget that was included in the initial agreement, or in most recent previous amendment); or
 - The Subaward funding amount is being decreased, or unspent carry-forward is being removed from the Subaward Budget.

Sponsor approval may be required for Budget revisions that reflect a change in the Subrecipient's Statement of Work, or that move funds above a Sponsor limit for certain line items, or to/from Sponsor-restricted line items (such as participant costs and travel). Consult the Prime Award to determine any restrictions on moving funds, and if Sponsor approval is needed, contact the SPO Award Analyst to obtain Sponsor approval, before submitting your Subaward Amendment request.

- **Mini-Audit Questionnaire:** If a Mini-Audit Questionnaire was required as part of the initial subaward request package and more than 12 months has passed since it was originally signed, you must provide an updated Mini-Audit Questionnaire which has been completed and signed by the Subrecipient's Authorized Official.

Optional Attachments

The following documents may also be attached to the Subaward Request Form, if applicable or needed:

- Subrecipient's indirect cost rate agreement.
- Other documentation to help clarify the Subaward.