



OFFICE OF SPONSORED PROGRAMS
SUBAWARD REQUEST FORM

Please email completed form to: johnsont@hws.edu.

TYPE of REQUEST

- New Agreement (Please complete all sections, except Section D)
Continuation/Amendment to HWS Agreement Number: (Please enter subaward number and complete Section D and any other sections that require changes and/or updates of information originally provided)

SECTION A: HWS Information

HWS Principal Investigator

Name: Address:
Phone: Email Address:

HWS Project Director:
Email Address:

Prime Sponsor:
Prime Award PeopleSoft Number:

SECTION B: Subrecipient Information

Organization Legal Name and Official Address Include ZIP Code +4 or other postal code:

Principal Investigator Name:
Address:
Phone: Email Address:

Administrative Contact Name:
Address:
Phone: Email Address:

Authorized Representative Name:
Phone: Email Address:

## SECTION C: New Subrecipient Agreement

**Cost Reimbursable**

**Fixed Price**

(Check with OSP prior to selecting)

**Proposed Period of Performance of Subrecipient:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Total Amount :** \_\_\_\_\_

**Reporting Requirement:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

Please answer ALL questions below:

**Yes**  **No** Is any other funding being used in connection with the requested subaward?

**Yes**  **No** Is subrecipient expected to cost share, If yes, please specify amount \_\_\_\_\_

**Yes**  **No** If allowed by the prime award, does the PI authorize automatic carryover?

## SECTION D: Continuation/Amendment of Subrecipient Agreement

**Subaward amount** (Please attach revised budget and mark Section E):

Increased by \$ \_\_\_\_\_

Decreased by \$ \_\_\_\_\_

No change, budget revision only

**Subaward period of performance:**

Extended To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Early termination **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ explain reasons: \_\_\_\_\_

No change

**Other revisions:**

Revised SOW (Please attach revised SOW and mark Section E)

Change of Key personnel

Other revisions (Please specify) \_\_\_\_\_

**Subrecipient performance (all questions must be answered)**

**Yes**  **No** Has the work of the subrecipient been performed satisfactorily?

**Yes**  **No** Has the subrecipient delivered ALL required reports, deliverables, data, and applicable regulatory approvals in a timely manner?

**Yes**  **No** Has the subrecipient completed reports, deliverables, data to HWS PI's satisfaction?

**Yes**  **No** Has the subrecipient carried out invoicing in a timely manner?

**Yes**  **No** Is subrecipient billing only for allowable and reasonable costs consistent with the work being performed and technical progress reports provided to date?

**SECTION E: Subaward Documents**

The following documents are required for processing subaward (Check those that are attached)

- STATEMENT OF WORK** (Final detail description of only subrecipient's specific role within the HWS project to be incorporated into subaward agreement)
- BUDGET** (Final detailed budget for project to be incorporated into subaward agreement)
- Subrecipient's Institutional Approval, if applicable (if regulatory documents are not available, the subaward will be sent to the subrecipient, but not signed by HWS until received)
- Current F&A agreement.
- SMALL/SMALL DISADVANTAGED BUSINESS SUBCONTRACTING PLAN**, in agency-required format (for federal subcontract budgets over \$650,000 only)
- Most recent Single Audit or audited financial statements from sub-awardee (Mandatory and requires review)
- OTHER: \_\_\_\_\_

**SECTION F: Compliance Certifications**

**1. Research Subject Compliance Information** (check as applicable):

**Yes No** Human subjects will be involved in the subrecipient's portion of this project  
 If "Yes," please provide subrecipient's OHRP approved FWA #: \_\_\_\_\_  
 (If subrecipient organization does not have an FWA #, attach an explanation on how subrecipient will comply with U.S. federal regulations and policies for the protection of human subjects.)

**Yes No** Animal subjects will be involved in subrecipient's portion of this project  
 (If "Yes," provide a copy of IACUC approval.)

**2. Conflict of Interest:**

**Yes No** Do any of the principal investigators or other personnel responsible for the design, conduct, or reporting of the proposed research, or their spouses or dependent children, have any Significant Financial Interest as defined in the Conflict of Interest Policy such that the project or relationship with the subrecipient would reasonably appear to be affected by such Significant Financial Interest, thus creating conflict of interest?

**SECTION G: Principal Investigator Approval**

**BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE INFORMATION PROVIDED ABOVE AND THE FOLLOWING STATEMENTS AND THAT THEY ARE ACURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND BELIEF:**

- The subrecipient's proposed costs have been reviewed by the HWS principal investigator signed below and have been determined to be reasonable for the technical effort proposed.
- Funding is available for this subaward and is an allowable cost under the terms of the Prime Award.
- Prime sponsor prior approvals are duly obtained, if applicable.

PI Signature: \_\_\_\_\_

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

**SECTION H: HWS Review (To be completed by HWS OSP)**

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

Approval: \_\_\_\_\_