

[SUBAWARD AMERICAN RECOVERY AND REINVESTMENT ACT \(ARRA\) FEDERAL REPORTING \(FEDGRANT_SUR2\)](#) > [CONTROL PANEL](#) > PREVIEW ASSESSMENT: ARRA FEDERAL REPORTING SURVEY



Preview Assessment: ARRA FEDERAL REPORTING SURVEY

- Name** ARRA FEDERAL REPORTING SURVEY
- Instructions** This survey is to be completed by PIs RECEIVING awards as sub-recipients. This is only to be completed if this project has been awarded through a Subaward (if the University of Rochester IS NOT the prime recipient of this award).
- Multiple Attempts** This Survey allows multiple attempts.
- Force Completion** This Survey can be saved and resumed later.

▼ Question Completion Status:

Question 1 [Save](#)

PI name (last name, first name):

Question 2 [Save](#)

Provide PI Employee ID Number (6 digits)

Question 3 [Save](#)

Please provide the email address of an individual within your Department who is assigned to provide administrative support for this Award (this does not delegate responsibility):

Question 4 [Save](#)

Funding Agency Name (Prime recipient):

Question 5 [Save](#)

Prime recipient award number:

Question 6 [Save](#)

Purchase Order or Other Identifying Number (Assigned by the prime-recipient entity for this Subaward):

Question 7

Please provide a brief description of the project.

▲ Normal 3 Times New Roman |
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 x_2
 x^2
 [List Icons]

Path: [body](#)

Question 8[Save](#)

Is there a need to hire additional personnel to assist with this SUBAWARD?

- Yes
 No

Question 9[Save](#)

If so, how many? (Part time should be considered in terms of Full Time Equivalents (FTE's), ex. .25, .50, 1.25, 1.5, 1.75, etc.)

Question 10

If known, list the name(s) of the individual(s) hired:

Normal 3 Times New Roman | **B** *I* U ~~S~~ | x_2 x^2 | [List Icons] | [List Icons]

Path: [body](#)

Question 11[Save](#)

Will the receipt of this SUBAWARD allow the University to retain an employee who would have otherwise been terminated due to a lack of work or funds?

- Yes
 No

Question 12[Save](#)

If so, how many? (Part time should be considered in terms of Full Time Equivalents (FTE's), ex. .25, .50, 1.25, 1.5, 1.75, etc.)

Question 13

List the name(s) of the individual(s) who were retained.

Normal 3 Times New Roman | **B** *I* U ~~S~~ | x_2 x^2 | [List Icons] | [List Icons]

Path: [body](#)

Question 14[Save](#)

Provide an evaluation as to the completeness of the project.

- Not started
- Less than 50% complete
- Completed 50% or more
- Fully completed

Question 15[Save](#)

Provide the date the Subaward was signed (YYYYMMDD)

|

Question 16[Save](#)

Subaward Project/Grant Period

(Indicate the project/grant period established in the Subaward document during which sponsorship begins and ends. For multi-year awards for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods, please provide the total project/grant period, not the individual budget period or funding period.)

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Question 17[Save](#)

Subaward Value (Total Amount of Subaward (Ultimate Contract/Award Value). Provide the anticipated total amount of cash to be received by the expiration date of the Subaward.)

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Question 18[Save](#)

Primary Performance Location:

Provide physical location of primary place of performance. Include state code, location code, county code, location name, congress district (optional).

Name:

|

Address:

|

Question 19[Save](#)

Sub-recipient Area of Benefit (The area of benefit may be: State, County, City, School District)



Save

Submit