

(To be completed by ORPA)

Subagreement No.: _____

Subagreement FAO No.: _____

URF Award No.: _____

REQUEST TO ISSUE A SUBAGREEMENT

THIS FORM MUST BE COMPLETED PRIOR TO ISSUING A SUBAGREEMENT TO A THIRD PARTY USING SPONSORED PROJECT FUNDS (UR FINANCIALS GR FINANCIAL ACTIVITY OBJECTS [FAOs]). PLEASE COMPLETE AND RETURN TO ORPA.

1. SUBRECIPIENT INFORMATION

Subrecipient Institutional Name: _____

Subrecipient Principal Investigator: _____

Project Period Year ___ : _____ Amount to be awarded in Year ___ : _____ (Attach Budget)

Entire Project Period: _____ Total amount expected to be awarded for project period: _____

SUBRECIPIENT'S CURRENT F&A RATE AGREEMENT: ATTACHED NOT APPLICABLE

Attach Statement of Work to be conducted by Subrecipient.

One of the most critical components of the subagreement is the description of the work that the UR expects and requires from the subrecipient. An inadequately prepared statement of work may lead to dispute or disagreement between the UR and the subrecipient entity. The statement of work should be accurate and concise as to what, when, and if appropriate, how, the UR PI expects the subrecipient to accomplish the tasks. Because of the importance of this subagreement provision, it generally is not advisable to simply reference the approved proposal or budget justification, unless the subrecipient's responsibilities are clearly delineated and the research aims have not been changed or reduced during the prime sponsor's review process. A statement of work should describe the work to be conducted by the subrecipient, define the deliverables, define the subrecipient's personnel and their responsibilities and define a time frame.

FFATA REQUIREMENT FOR ALL SUBAGREEMENTS

Please provide a brief (2-3 words at most) description of work to be done by Subrecipient. This brief description will be entered into the Federal Funding Accountability and Transparency (FFATA) Subaward Reporting Systemt (FSRS at www.FSRS.gov) by ORPA once the Subagreement is fully executed.

2. UR INFORMATION (PRIME AWARD)

UR PI: _____

UR Cost Center No: _____

Sponsor Grant or Contract No: _____

Prime Award FAO: _____

(i.e. R01 HL123456-01)

(FAO where funds currently reside)

UR Project Title: _____

IS THIS A MULTI-PI GRANT AS DEFINED BY NIH? YES NO

(If yes, please attach a copy of the MPI Leadership Plan to enable ORPA to attach to Subagreement)

3. CONTACT INFORMATION

The following hyperlinked attachments, [3A](#), [3B page 1](#) and [3B page 2](#) (if applicable) must be completed. The UR's Administrative Contact on the form 3A will be the person within the Department who will be responsible for receiving the invoices from the subrecipient. You should email attachment 3B to the subrecipient, so they may complete the Collaborator's Contact and Place of Performance Information.

4. OTHER INFORMATION

Please attach or note below any information which you feel will be useful to the Office of Research and Project Administration in preparing the subagreement; *i.e. specific report due dates, unusual reporting requirements, publications, etc.*, or any specific requirements you wish to have set forth in the document.

5. PI's CERTIFICATION

A. It is the Principal Investigator's responsibility to review the subrecipient's budget for reasonable terms and allocability to the proposed work scope.

I have reviewed the following items and have determined that the costs budgeted for these items are reasonable and in accord with the proposed work scope:

- Salaries and Level of Effort
- Equipment
- Travel
- Materials and Supplies
- Other Direct Costs

B. Was a Data Management/Sharing Plan submitted with the Proposal?

Yes – Please attach a copy to enable ORPA to attach to the Subagreement.	No
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C. Human Subjects Involvement at the subrecipient site:

Yes – a copy of their IRB approval should be on file at the UR department level	No IRB
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- | | | |
|--|-------------------------|-------------------------|
| - Human Subjects Data will be collected: | Applicable | Not Applicable |
| - If applicable, will data be transferred: | From Subrecipient to UR | To Subrecipient from UR |

Please describe the type of human subject data to be transferred (i.e. identifiable, de-identifiable, limited data set) and any restrictions on the use of the human subject data (i.e. time limits, this project only, etc.)

HUMAN SUBJECT DATA WILL NOT BE ADDRESSED IN THIS DOCUMENT. IT WILL BE ADDRESSED IN A SEPARATE DATA USE AGREEMENT IF APPLICABLE.

D. Animal use at the subrecipient site:

Yes, a copy of their IACUC approval should be on file at the UR department level	No IACUC
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E. IF PRIME AWARD IS FROM NIH; will NIH Policy [NOT-OD-17-109](#) apply and therefore the prime award is deemed under the policy to be issued a Certificate of Confidentiality.

Yes No

(PLEASE VISIT THIS WEBSITE: <https://humansubjects.nih.gov/coc/background> to find questions to be answered that will help you determine if this policy applies.

Principal Investigator Approval:

Signature

Date

6. SOLE SOURCE OR COMPETITION JUSTIFICATION

Complete only if subcontracting from **FEDERAL CONTRACT [not grant]** funds; complete **EITHER** Section A or B)

A. SOLE SOURCE JUSTIFICATION (Provide justification for selection of subcontractor if competitive bids were not solicited. Attach separate sheet if additional space is needed.)

B. COMPETITION (Attach separate sheet if necessary.)

- Name and address of each potential subcontractor contacted:

- Name of and amount proposed by each potential subcontractor responding:

- Subcontractor selected and reason for selection: