

SUBAWARD REQUEST FORM

Please email completed form to: spasubs@gwu.edu.

TYPE of REQUEST

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

SECTION A: GW Information

GW Principal Investigator

Name: _____ Address: _____
Tel, Fax: _____ Email Address: _____

GW Department Administrator

Name: _____ Address: _____
Tel, Fax: _____ Email Address: _____

Prime Sponsor: _____
PTA: _____

SECTION B: Subrecipient Information

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

Principal Investigator Name: _____
Address: _____
Tel, Fax: _____ Email Address: _____

Department Administrator Name: _____
Address: _____
Tel, Fax: _____ Email Address: _____

Authorized Representative Name: _____
Address: _____
Tel, Fax: _____ Email Address: _____

Subrecipient UEI: _____

SECTION C: New Subrecipient Agreement

- ☐ Cost Reimbursable
- ☐ Fixed Price
- ☐ Per patient
- ☐ Requires Advance Payment (Please provide justification on separate sheet)

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 GW 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 subrecipient's specific role within the GW project to be incorporated into subaward agreement)
- ☐ **BUDGET** (Final detailed budget for project to be incorporated into subaward agreement)
- ☐ **Subrecipient's Regulatory Approval**, if applicable (if regulatory documents are not available, the subaward will be sent to the subrecipient, but not signed by GW until received)
- ☐ **Current F&A agreement** (if different from one submitted with proposal)
- ☐ **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 GW 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.

PI Signature: _____

PI Name: _____

SECTION H: GW Review (To be completed by GW OVPR)

Sub-Award Analyst: _____

Comments: _____

Approval: _____