

REQUEST FOR NEW SUBAWARD or AMENDMENT
Florida State University
Sponsored Research Administration (SRA)
(Revised 6-6-2018)

To request a **NEW SUBAWARD**, complete sections 1 - 4, or for an **AMENDMENT** complete only section 5.
 Send the form along with attachments via e-mail to subcontracts@fsu.edu. (Questions call: 850-644-5260)

1: FSU INFORMATION

FSU PI Name:	Phone Number:	Email:
FSU Department Name:		
Campus Address:		
Dept. Contact Name:	Phone Number:	Email:
Prime Award Sponsor:		
Project Title:		
OMNI Department Number:	Fund Code:	Project #

2: SUBAWARD INFORMATION

Initial Amount of Request: \$	<input type="checkbox"/> Verified Funds for this Request are Available and in the Correct Budget Category
Budget Period Start Date: _____ End Date: _____	Period of Performance Start Date: _____ End Date: _____

3: Sponsored Projects Office - Subrecipient's Contact **Subrecipient's Principal Investigator or Project Director**

Subrecipient's Name:	Type of Institution:
Name:	Name:
Email:	Email:
Telephone:	Telephone:

4: REQUIRED AT TIME OF REQUEST

Subrecipient's Scope of Work, Detailed Budget, Detailed Budget Justification, DUNS Number (9 digits):

Subrecipient is Responsible for Cost Share? Yes No If Yes, Cost Share Budget Required.

Data Sharing Access Plan? Yes No If Yes, Submit a copy.

Work Engaged with Human or Animal Subjects (Select Applicable Option) Human Subjects Animal Subjects Not Applicable

* Human Subjects, Submit a copy of Subrecipient's Institutional Review Board (IRB), or a copy of a Reliance Agreement.
 * Animal Subjects, Submit a copy of Subrecipient's Animal Care and Use Committee (ACUC) protocol.

If Applicable, Human Subjects Data will be exchanged under this Subagreement: From Subrecipient to PTE From PTE to Subrecipient

REPORTING: Does the PI need any Special Reports in Addition to Sponsor Requirements? Yes No

In meeting the goals of the project, which of the following levels of reliance on this Subrecipient is appropriate? (Select from the drop down list)

5: COMPLETE THE SECTION BELOW TO REQUEST AN AMENDMENT ON AN EXISTING SUBAWARD

Name of Subrecipient:		
Subaward No.	Amendment Request No.	Type of Amendment Request:
FSU Principal Investigator Name:		Department Rep. Contact:
OMNI Department Number:	Fund Code:	OMNI Project #:
Increase Funding by Amount: \$	New Total: \$	New End Date:
Comments/Reason for no cost time extension:		

Conflict of Interest (FSU PI please review the COI statement and sign below)

The FSU Principal Investigator certifies that to the best of his/her knowledge, that he/she is independent of, and has no conflict of interest in, any entities evaluated and selected pursuant to § 287.057(19), F.S., "Procurement of Commodities or Contractual Services", 41U.S.Code 51-58, "The Anti-Kickback Act of 1986, or FSU 7A-21 Significant Financial Interest Disclosure Policy."

Signature: _____