



Office of Research Administration
SUBAWARD REQUEST FORM

www.ora.umd.edu

Please email this completed and signed form with all required documentation to the Subaward Administrator assigned to your department. See www.ora.umd.edu/staff and select Subawards tab.

SECTION I: Funds Requested, Period of Performance, and Back-up Documentation

KFS Account Number: Subaward No. (TBD): Sub Admin Initials:

Subrecipient Full Legal Name (no abbreviations):

Project Title:

Dates and Budget

Table with 3 columns: Initial Period, Total Project, and rows for Start Date, End Date, Funding Amount.

Attachments to be provided: Check all that apply

Current Statement of Work

Current Budget Attach budget which matches anticipated funding and is broken out into basic direct and indirect cost categories.

Current Budget Justification

Equipment costing \$5,000 or more per item.

Federally Approved F&A Rate Agreement, if applicable or explanation of MTDC or TDC rate

Cost Sharing Obligation, if applicable. Amount committed \$

IRB Approved Protocol Attach subrecipient's approved IRB Protocol if human subject research is being done by sub.

IACUC Approved Protocol Attach subrecipient's approved IACUC Protocol if vertebrate animals are used in research by sub.

Export Control Attach information if export controlled products are to be created or shared by subrecipient.

Intellectual Property Waiver Attach approved waiver form.

IDC collected by UM on subaward costs does NOT match KFS account rate (MTDC or TDC). (Attach explanation)

NOTE: A subrecipient which has not previously received a subaward from UM must be reviewed by ORA's internal Subrecipient Monitoring and Oversight Committee review (SMOCr) process. Additional time will be required to process such a subaward request.

SECTION II: Subrecipient Contact Information

Administrative Point of Contact

Name: Address:

Phone:

Email:

Subrecipient Principal Investigator

Name:

Phone:

Email:

SECTION III: UM Contact Information

UM Administering Department:

UM Principal Investigator

Name:

Phone:

Email:

Department Business Contact

Name:

Phone:

Email:

SECTION IV: Payment and Reporting Requirements

Invoicing: **Cost Reimbursement** - Invoice shows expenses by category throughout period of performance.

Fixed Price - Attach a schedule showing deliverables, due dates, and dollar amounts. Final payment is withheld until receipt of all deliverables. As of 12/26/14, prior agency approval needed except if prime award is fixed price.

Financial: Final Invoice/Final Financial

Due Date:

Technical: Progress

Due Dates:

Annual

Due Dates:

Final

Due Date:

Invention: Progress

Upon disclosure to Subrecipient's Technology Office

Final

60 days following termination (negative report required)

Property: Final

60 days following termination (if applicable)

NOTE: Attach an explanation of any unique requirements or terms and conditions to be incorporated into this Subaward Agreement in addition to any terms which will flow down from the Prime Award.

SECTION V: Budget information for PI approval

The PI must review and approve each of the subrecipient's proposed costs in the categories below to verify reasonableness, allowability, and allocability in accordance with the subrecipient's proposed scope of work.

Indicate all costs included in the subrecipient's budget.

Salary/Level of Effort

Fringe benefits

Equipment

Materials and Supplies

Travel

Other Direct Costs

Subcontracts

Indirect Costs

Select type:

SECTION VI: Subaward vs. Contractor/Vendor Determination

Check all that apply

Subrecipient will carry out a substantive portion of the overall scientific project and is responsible for making related programmatic decisions.

Subrecipient does not perform similar work on a commercial basis for multiple buyers procuring goods and services.

Subrecipient will adhere to the flow down terms and conditions of the prime award and retain data and invention rights to deliverables.

Subrecipient may seek to publish or co-author research results in professional scientific journals.

Subrecipient is contributing identifiable cost share to the project which is not reimbursed by the University of Maryland.

Subrecipient's key personnel are identified by name in the University of Maryland proposal to the prime sponsor.

Subrecipient will retain data and patent rights for research results either solely or jointly created.

SECTION VII: Sole/Single Source

NOTE: Complete only if the prime award from the sponsor to UM is a contract.

Subrecipient was selected **without seeking competitive bids**. Attach a separate sheet justifying your selection of this provider based on expertise, location, unique facilities, cost, etc.

Subrecipient was selected using **competitive bids**. Attach a separate sheet including the: 1) name and address of each subcontractor submitting a bid; 2) total cost proposed by each bidder; and 3) reason for selection of current subrecipient.

SECTION VIII: Principal Investigator/Authorized Designee approval

I have reviewed the technical and cost proposals for this subrecipient and based upon my professional experience and analysis of costs or prices proposed, find them to be appropriate, fair, and reasonable for the work to be done.

Signature

Date



DIRECTIONS FOR COMPLETING SUBAWARD REQUEST FORM

(Rev. 6/5/15)

SECTION I – FUNDS REQUESTED/PERIOD OF PERFORMANCE/BACK-UP DOCUMENTATION

KFS Account Number:

-KFS account charged for Subaward costs

Subaward Number:

-Leave Blank – Assigned by Subaward Administrator

ORA Sub Administrator Initials:

-Joyce Jung, Sue Gossman, or Barbara O'Malley (See ora.umd.edu/staff and click on “Subawards”)

SUBRECIPIENT Full Legal Name:

-Spell out entire proper name of Subrecipient. If work is performed by a unit/department/division within a larger organization, and the larger organization has signature authority for the unit/department/or division, the larger organization should be named as the SUBRECIPIENT.

Project Title:

-Title of Project as it appears in COEUS

Dates and Budget: Initial Period /Total Project

-Initial Period: Fill in the Start and End Date and Authorized funding for the first Project Year

-Total Project: Fill in the “anticipated” Start and End Date and Subaward funding for the entire project

Attachments to be provided - Check each box that applies.

NOTE: IDC will ordinarily be collected on the first \$25,000 of each Subaward at the same rate shown on the COEUS account supporting the Subaward. If \$0 IDC or an IDC rate other than what appears on the COEUS account is to be applied to the first \$25,000 of this Subaward, check the final box titled “IDC collected by UM”. Provide a copy of a) the ORA Approved IDC Rate Waiver or b) a note of explanation as to why the full IDC rate should not be collected on the first \$25K of the Subaward.

SECTION II – SUBRECIPIENT CONTACT INFORMATION (Authorized Signatory and Lead PI)

SECTION III – UM CONTACT INFORMATION (Authorized Signatory and Lead PI)

SECTION IV – PAYMENT AND REPORTING REQUIREMENTS

Invoicing: Default to “Cost Reimbursement”. Prior to choosing “Fixed price”, contact designated Subaward Administrator to discuss and determine if agency approval is needed. When issuing a “Fixed Price” Subaward, Principal Investigator must provide a “Deliverables Schedule” providing specific due dates and the payable dollar amount for each. Always attach Final Payment to receipt of Final Deliverable/Technical Report.

Technical: Check Prime Award for required frequency (monthly, quarterly, annually, final)

SECTION V – BUDGET INFORMATION FOR PI APPROVAL (Check all that apply to current budget)

SECTION VI: SUBAWARD vs CONTRACTOR (i.e. Vendor) DETERMINATION (Check if applicable)

SECTION VII – SOLE/SINGLE SOURCE (ONLY APPLIES IF PRIME AWARD IS A CONTRACT)

Check COEUS award module main screen under “Award Type” for this information.

SECTION VIII – PRINCIPAL INVESTIGATOR/AUTHORIZED DESIGNEE APPROVAL

Do not sign and submit request to ORA Subaward Unit until all attachments and information can be provided.