

## Subaward Request Form

**Purpose:** To request the creation or extension of an outgoing subaward. Subawards can only be issued to Organizations, not individuals. For contracts with individuals please contact the UMKC Office of Research and Innovation.

Completed forms should be emailed to Office of Research and Innovation at [ORI@umkc.edu](mailto:ORI@umkc.edu)

\*Please allow **ten** working days for processing.

### UMKC Information

Project Number: \_\_\_\_\_ Project Title: \_\_\_\_\_

UMKC PI: \_\_\_\_\_ Email: \_\_\_\_\_

PI Phone: \_\_\_\_\_ PI Campus Address: \_\_\_\_\_

Departmental Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Is the subcontractor registered with SAMS ([www.sams.gov](http://www.sams.gov)):** Yes No

**Subaward Information** Complete the section that applies to this request. Note that all dates and periods must be within the award dates and the Subaward must be allowable per the prime award terms and conditions.

### Subawardee Information

Legal Name: \_\_\_\_\_

Subawardee Address: \_\_\_\_\_

New Subaward Amendment

### Subawardee Contact Information

Subawardee Principal Investigator/Project Director:

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Subawardee Administrative Contact:

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

UEI #: \_\_\_\_\_ EIN: \_\_\_\_\_

### NEW SUBAWARD

Initial Budget Period: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Cost Reimbursable** <sup>1</sup> (For more information, click [here](#).)

Subaward Amount (US\$ only): Direct Costs: \_\_\_\_\_ F&A: \_\_\_\_\_

**Recommended:** I acknowledge that Carry-forward is by default restricted from one budget period to the next.

I want to override the default carryforward restriction and allow the Subrecipient to automatically carryforward unobligated balances from one period to the next. I understand that this restricts my ability to rebudget the subrecipients unobligated balances, and that my project and/or department may incur higher financial risk.

<sup>1</sup>ORI may override the type of subaward based on the proposal submitted to the sponsor and ability of the subrecipient to manage federal funds.

\*If this Subrecipient is new to UMKC, please provide the W-9 or W-8 of the subrecipient.

**Fixed Price** <sup>1</sup> (For more information, click [here](#).)

Amount Awarded/Maximum Allowable (US\$ only): \_\_\_\_\_

**Additional Technical Reporting/Compliance** (Note that technical reports will already be required on an as needed basis, as well as annually, and at the end of the project. Use this section if you wish to have more frequent scheduled technical reporting requirements.)**Please specify:****Monthly**                      **Annual****Quarterly**                      **Fund****Compliance:****Human Subjects:**

Yes      No

**Animals/IACUC:**

Yes      No

**Export Control:**

Yes      No

**Recombinant DNA/  
biohazard:**

Yes      No

k                      kh)

Yes      No

**AMENDMENT TO EXISTING SUBAWARD** (complete items relevant to this amendment)**Change in Scope of Work****Change in Funding**

Next Budget Period:                      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Subaward Amount (US\$ only): Direct Costs: \_\_\_\_\_ F&amp;A: \_\_\_\_\_

**Carryforward** - If Carryforward was restricted:

Unrestrict Carryforward (allow automatic carryforward of funds from one period to the next for all remaining years.)

Carryforward full amount remaining from prior period to current budget period.

**No Cost Extension**

New End Date of: \_\_\_\_\_

**Other** Note below any additional changes not captured above.**The following documents are also required based on the type of request:****Budget:** Required any time money is awarded. Budget should be sufficiently detailed to clearly indicate the nature of all expenses. (PHS form 2590 is provided [here](#) as an example).**Payment Schedule** (deliverables and/or timeline): Required any time money is awarded under a fixed-price agreement.**Scope of Work:** Required at initial Subaward Request or if there is any change in scope at the time of amendment.

PI Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ **ORI Fiscal Review** (To be completed by ORI accountant)    **Dept:** \_\_\_\_\_    **FO:** \_\_\_\_\_**Email form and required documents to ORI, [ORI@umkc.edu](mailto:ORI@umkc.edu)**Please allow **ten** working days for processing.