EAST TENNESSEE STATE UNIVERSITY OFFICE OF RESEARCH AND SPONSORED PROGRAMS

Subaward Request Form

To be completed by ETSU	PI and returned to: Off	ice of Research and	Sponsored Prograr	ms <u>research@etsu.edu</u>	
ETSU Principal Investiga	tor/Project Director Su	ubmitting this Requ	iest:		
Name:	Phone:		Email:	@etsu.edu	
Department:		Division	n of Health Sciences:	☐ Yes ☐ No	
Prime Sponsor:			CFDA_		
Prime Award #:	Prime E	Banner Index #:	ORSPA #_		
Title of Proposal:					
Provide Subrecipient Info	ormation Below:				
Institution/Agency:					
Principal Investigator/Project	Director:				
Title:	Phone:		Email:		
PO Box	Ground Address	City	State	Zip	
Subaward Year: Ye	ear 1 Year 2 Note: Subawards a	Year 3 are drafted and issued		Year 5	
		TYPE OF SUBAWAI			
S	*** RE ubrecipient's Scope of V	EQUIRED ATTACHME Work/Deliverables: Bu		ification	
	e in award as in propos	al			
Period of Performance: Amount Funded: \$		Start Term End Term Total amount if incrementally funded more than 1 year:\$			
_	ly ☐ Quarterly, Provide d	letails for Schedule	ed 🗌 Other 📗 Fina	al	
Details: Pavment terms:	Standard (30 days from the	ne date of invoice)	Other (explain below)		
Explanation:		·			
Reporting: Check all	applicable: monthly	」 quarterly ∐ 6 mont	ths 🔝 Final Due Da	te:	
Subroc	*** RE sipient's <u>Revised</u> Scope	EQUIRED ATTACHME		t luctification	
	revised in award or revis	-	•	Justification	
Period of Performan	ce: Original: S	Start Term	End Term		
		Start Term			
Amount Funded:	Original: \$ New: \$		-	nan 1 year:\$ nan 1 year:\$	
	g:	rly, Provide details for	Scheduled C	ther Final	
Details: Revised Reporti	ng: Check all applicable: Γ	monthly auarter	ly 6 months I		
	11	_ , _ , _ ,			

REQUIRED ATTACHMENTS Subrecipient's Revised Scope of Work/Deliverables: Budget and Budget Justificat

Not Cost Extension (NCE)	Subaward Amendment – amended during the term of the subaward agreement
No Cost Extension (NCE) Original: End Term New: End Term (Prime NCE must be attached) September Revised Reporting Dates due to NCE? Explanation: Other reason/s) for amendment Revised Invoicing: Monthly Quarterly, Provide details for Scheduled Other Final Details: Revised Reporting: Check all applicable: monthly quarterly 6 months Final Due Date: Scope of Work/Deliverables Budget/Budget Justification Pl or key personnel Administrative correction Erms and Conditions Terms and	Addition or Reduction of funding Original: \$ Total if incrementally funded more than 1 year:\$ New: \$ Total if incrementally funded more than 1 year:\$
Revised Invoicing: Monthly Quarterly, Provide details for Scheduled Other Final Details: Revised Reporting: Check all applicable: monthly quarterly 6 months Final Due Date: Scope of Work/Deliverables Budget/Budget Justification Plor key personnel Administrative correction Terms and Conditions Other (explain below) Explanation: Subrecipient's federally negotiated F&A Rate Agreement attached or website provided. Equipment has been reviewed and appears reasonable and necessary given the proposed scope of work. If applicable, the title of the Equipment resides with: Subawardee ETSU Sponsor Approval letter from IRB or IACUC for the current year term (if applicable) is attached. ETSU has designated the PI as the individual primarily responsible for monitoring the programmatic and financial performance and progress of a subaward. As part of ETSU's monitoring responsibilities, the duties of the PI during the life of the subaward are as follows: 1. Insure that Subrecipient's invoices are prepared in accordance with subaward requirements and are aligned in terms of cost and type of expense with the scientific progress reported to date; and that the costs are allowable, allocable and reasonable as they relate to the terms and conditions imposed by the sponsor and the subaward issued by Emileutoria. Planatic progress is not satisfactory, or if technical reports required of the Subrecipient are not prepared timely, the PI is responsible for contacting the Subrecipient to address these issues. If continued performance is not satisfactory, PIs should contact ORSPA to discuss appropriate remedial actions or termination of the subaward. Verify that the Subrecipient is adequately meeting any cost-sharing commitments made for the subaward. Verify that the Subrecipient to address these issues. If continued performance is not satisfactory, PIs should contact ORSPA to discuss appropriate remedial actions or termination of the subaward. Verify that the Subrecipient of contact for the Subrecipient during performance is not sati	 No Cost Extension (NCE) Original: End Term New: End Term (Prime NCE must be attached) ☐ Revised Reporting Dates due to NCE?
Scope of Work/Deliverables Budget/Budget Justification PI or key personnel Administrative correction Terms and Conditions Other (explain below)	☐ Revised Invoicing: ☐ Monthly ☐ Quarterly, Provide details for ☐ Scheduled ☐ Other ☐ Final
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Signature: Date:	
	Signature: Date: