

Xavier University of Louisiana

SUBCONTRACT/SUBAWARD REQUEST FORM

Request to issue Subcontract or Modification to outside entity

Complete Sections A.1 or A.2 and Sections B, C, & D

Principal Investigator: _____ **Funder:** _____

Project Title: _____

SECTION A.1 NEW REQUEST FOR SUBCONTRACT/SUBAWARD

Was the subcontract in the original proposal? YES NO

If Yes, attach authorized letter of intent from the subcontractor if not included in the proposal. If No, attach explanation and/or sponsor approval.

Is the subcontractor a for-profit organization or a privately funded institution? _____

Subcontract Legal Name: _____

Budget Period: Start _____ End: _____ Total Amount: _____

Contact Information-Complete fields below.

Subcontractor PI: _____

Address: _____

Phone No.: _____ Fax No.: _____ Email: _____

Subcontractor Admin Contact Name: _____

Address: _____

Phone No.: _____ Fax No.: _____ Email: _____

SECTION A.2 MODIFICATION REQUEST FOR EXISTING SUBCONTRACT OSP Subcontract Number: _____

Revise Budget Period: Start: _____ End: _____ Total Add'l Funds: _____

If Modification is for other purposes, describe: _____

SECTION B. SUBCONTRACT ATTACHMENTS

- Statement of Work (SOW) for subcontractor for **New** subcontract or **Modification** if SOW has been revised.
- Detailed budget(direct.+indirect) for subcontractor (incl. cost share if applicable) **and** a budget justification
- Subcontractor’s work involves human subjects. If Yes, attach their current IRB approval
- Subcontractor’s work involves animals. If Yes, attach their current IACUC approval
- Subcontractor’s work involves biohazards. If yes, attach their current BSC approval.

SECTION C. SET UP SUBCONTRACT PROJECT BUDGET IN BANNER AS FOLLOWS (OSP to complete)

Total Subcontractor Budget (direct + indirect)= _____

Total funds to transfer to subcontract= _____ FROM Banner Fund Code No: _____

SECTION D. CERTIFICATION AND SIGNATURE

Do you, your spouse or any other person living with you have any financial interests, (more than \$ 5,000 annual income) in the subcontracting organization, or which might reasonably appear to be affected by the proposed research? If yes, complete COI form.

Principal Investigator: _____

Date: _____

Chair: _____

Date: _____