

## OUTGOING SUBAWARD REQUEST

Requestor \_\_\_\_\_ Award ID: \_\_\_\_\_  
Project ID(s) \_\_\_\_\_

Please complete applicable sections below and include with your Outgoing Subaward request in HRS.

### SECTION I

The following Subaward Action is Requested:

☐ **NEW SUBAWARD AGREEMENT**

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

Subrecipient Point of Contact (POC): Name \_\_\_\_\_ Email \_\_\_\_\_

Subaward Entire Period of Performance: From \_\_\_\_\_ to: \_\_\_\_\_

Subaward Budget Period applicable to this action: From \_\_\_\_\_ to: \_\_\_\_\_

Total amount approved for funding under this ACTION: \$ \_\_\_\_\_ Cost-Share: \$ \_\_\_\_\_

☐ Cost Reimbursable OR ☐ Fixed Price (**Fixed Price Schedule must be attached**)

☐ Subaward Deliverables have been included with request (**Deliverables are required for all Subaward Agreements**)

☐ **MODIFICATION/AMENDMENT - Financial (\$) Action: (Select all that applies):**

This action is: Mod # \_\_\_\_\_ to the subaward agreement

Subaward Entire Period of Performance: From \_\_\_\_\_ to: \_\_\_\_\_

Subaward Budget Period applicable to this action: From \_\_\_\_\_ to: \_\_\_\_\_

Total amount of funding to be added \$ \_\_\_\_\_ OR decreased \$ \_\_\_\_\_ under this ACTION: Cost-Share: \$ \_\_\_\_\_

☐ **MODIFICATION/AMENDMENT – Non-Financial (\$) Action: (Select all that applies):**

This action is: Mod # \_\_\_\_\_ to the subaward agreement

No Cost Extension (NCE) through: \_\_\_\_\_

☐ Change in Deliverable(s) schedule

☐ Change of invoicing schedule

☐ Change in PI

☐ Authorization to purchase equipment

☐ Authorization of Carryover / Amount \_\_\_\_\_ (Describe in *Additional Details Section* Below)

☐ Agreement Termination / Effective Date \_\_\_\_\_ (Describe in *Additional Details Section* Below)

☐ Other (Describe in *Additional Details Section* Below)

### SECTION II

#### Certifications

(If applicable, select all that apply)

☐ Authorization to implement human subject activities (IRB approval must be attached)

☐ Authorization to implement animal research activities (IACUC approval must be attached)

☐ Other: (Describe in *Additional Details Section* Below)

I (Requestor) certify that the PI authorizes release of the requested action to the Subrecipient.

Requestor Signature

**Additional details applicable to this request.**