

REQUEST FOR NEW OUTGOING SUBAWARD or SUBAWARD AMENDMENT

NEW SUBAWARD	AMENDMENT TO CURRENT SUBAWARD	
<p>Complete sections 1-5. Provide the Subrecipient vs Contractor Determination form, Budget, Budget Justification, Scope of Work, Indirect cost/F&A rate agreement, if applicable</p>	<p>Subaward Number:</p> <p>Complete Sections 1-5 with changes only. Provide the amended Budget, Budget Justification, and Scope of Work</p>	
1. FSU INFORMATION		
FSU PI Name:	Phone Number:	Email:
FSU Department Name:		
Campus Address:		
Dept. Contact Name:	Phone Number:	Email:
Prime Award Sponsor:		
Project Title:		
OMNI Department Number:	Fund Code:	Project #
2. SUBAWARD INFORMATION		
Sponsored Projects Office – Subrecipient’s Contact	Subrecipients’ Principal Investigator or Project Director	
Subrecipient’s Name:	Type of Institution:	
Name	Name	
Email:	Email:	
Telephone:	Telephone:	
Amount Requested:	Verified Funds for this Request are Available & in the Correct Category	
Budget Period (Start and End date): to	Period of Performance (Start and End date): to	
4. REQUIRED AT TIME OF REQUEST		
Subs Scope of Work, Detailed Budget, Budget Justification, ENTER the Active UEI Number :		
Check all that apply to this subagreement and provide supporting documentation when applicable:		
<input type="checkbox"/> * Human Subjects <input type="checkbox"/> ** Animal Subjects <input type="checkbox"/> Data Sharing Plan <input type="checkbox"/> Cost Share (Budget Required)		
* Human Subjects, Submit a copy of Subrecipient's Institutional Review Board (IRB), or a copy of a Reliance Agreement.		
** Animal Subjects, Submit a copy of Subrecipient's Animal Care and Use Committee (ACUC) protocol.		
If Applicable, Human Subjects Data will be exchanged under this Subagreement: <input type="checkbox"/> From Subrecipient to PTE <input type="checkbox"/> From PTE to Subrecipient		
In meeting the goals of the project, which of the following levels of reliance on this Subrecipient is appropriate? (Select from the drop down list)		
5. REPORTING		
Does the PI need any Special Reports in Addition to Sponsor Requirements? If Yes, specify report in section 6 below. <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. COMMENTS: List special reports needed or any special circumstances below.		

Conflict of Interest (FSU PI please review the COI statement and sign below)

The FSU Principal Investigator certifies that to the best of his/her knowledge, that he/she is independent of, and has no conflict of interest in, any entities evaluated and selected pursuant to § 287.057(19), F.S., "Procurement of Commodities or Contractual Services", 41U.S.Code 51-58, "The Anti-Kickback Act of 1986, or FSU 7A-21 Significant Financial Interest Disclosure Policy."

Signature: _____