



University of California  
San Francisco

## SUBCONTRACT/SUBAWARD REQUEST LONG FORM

Sponsor:	Subaward No.
RAS Award ID:	

UCSF INFORMATION	
Who submitted this form	Financial Contact Information
Name:	Name:
Email:	Email:
UCSF Principal Investigator*	UCSF Project Principal Investigator^
Name:	Name:
Email:	Email:
<i>*Named PI in PeopleSoft</i>	<i>^Only use if Project PI is different from Named PI in PeopleSoft</i>
UCSF Contacts to be copied in correspondence:	

SUBRECIPIENT INFORMATION	
Subrecipient Legal Name:	<i>Required for Federal Subawards/Subcontract (optional for all others):</i> Unique-Entity Identifier (UEI) EIN (9 digits)* <i>*Only required for domestic sites.</i>
Subrecipient Principal Investigator	Subrecipient Primary Contact
Name:	Name:
Email:	Email:
Subrecipient Central Email:	
NIH Multi PI	Yes No
Additional Subrecipient Contacts to be copied:	

COMPLIANCE			
Indirect Cost Rate			
Per prime sponsor policy		Negotiated rate*	
De minimis rate		Fixed rate/amount	
% If a split rate, explain in Comments			
MTDC^	TDC	TC	Other:
*Provide a copy of the applicable agreement with this request		^As defined by 2 CFR 200.1	

Carryforward	
Grant Automatic Carryforward	Restrict Per NOA
Restrict Per UCSF PI or Dept.	Fixed Rate,Fixed Amount, N/A
Required for all transactions except a no-cost extension and an early termination	

Cost-Sharing	
Yes	No
Cost Share Amount	

Working Capital Advance	
Amount	
Include calculation of advance, hardship letter, and PI monitoring letter. Only complete if there is a working capital advance.	

International Site	
Yes	No
For new federal subawards/subcontracts, use the dropdown menu to provide Sponsor Approval. For amendments, just indicate whether foreign or not.	

Subrecipient will be conducting Human Subjects Research	Clinical Research Recruiting Site
Subrecipient will be conducting Animal Subjects Research	
Complete for all transactions except early terminations	

NEW SUBAWARD REQUEST	
Sponsor:	Prime Sponsor:
RAS Award ID:	RAS project ID:
	RAS Project ID obtained from Post-Award. Example: 117402B
Initial Budget Period	to
	Initial Budget
Total Estimated Period	to
	Total Estimated Budget
Cost-Reimbursable	Fixed Rate
	Fixed Amount Approval must be attached for Federal subawards

## AMENDMENT REQUEST

Subaward No.
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<b>Additional Time &amp; Additional Funding</b>	
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Budget Period:

to

Increase by:

<b>Additional Funding to Current Period</b>	
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Increase by:

<p><b>Carryforward Authorization</b></p>
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Carryforward from the period of:

to

Budget Period to be applied to:

to

Carryforward Amount:

Will the use of the funds change?

Yes\*                      No

No

*\*If yes, provide a revised budget and/or scope of work.*

Change in UCSF PI
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Previous UCSF PI:

New UCSF PI:

Effective Date of Change:

<b>Decrease in Funding</b>	
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Budget Period to Decrease:

to

Decrease by:

No Cost Extension
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New End Date:

Change in Subrecipient PI

Previous Sub PI:

New Sub Pl: \_\_\_\_\_

Effective Date of Change:

<b>Early Termination</b>
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Revised End Date:

## Revised Documents

Revised Budget\*

Revised Scope of Work\*

*\*Review previous subawards/subcontracts first. Only check if revising a document already included in a previously signed subaward/subcontract.*

Other	
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COMMENTS:
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**PRINCIPAL INVESTIGATOR'S SIGNATURE AND CERTIFICATION**

*I certify that I understand my responsibilities for monitoring this subaward in accordance with University and agency policies and guidelines.*

Signature
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Date \_\_\_\_\_