



University of California  
San Francisco

## SUBCONTRACT/SUBAWARD REQUEST FORM

### UCSF INFORMATION

Who submitted this form	Financial Contact Information
Name:	Name:
Email:	Email:
UCSF Award Principal Investigator	UCSF Contacts to be copied in correspondence:
Name:	
Email:	
UCSF Project Principal Investigator	
Name:	

### SUBRECIPIENT INFORMATION

Subrecipient Legal Name:	Unique-Entity Identifier (UEI) EIN (9 digits)
Subrecipient Principal Investigator	Subrecipient Primary
Name:	Contact Name:
Email:	Email:
NIH Multi-PI      Yes                  No	Subrecipient Central Email:
Additional Subrecipient Contacts to be copied:	

### COMPLIANCE

Indirect Cost Rate:	per prime sponsor policy	de minimis rate	negotiated rate	fixed rate
%	MTDC	TDC	TC	Other:
Carryforward Authorization:				
This subaward involves Cost-Sharing	Yes	No	Cost Share Amount	
Working Capital Advance	<i>Advance budget, hardship letter, and PI monitoring letter must be included</i>			
International Site?	Yes	No		
<i>For federally sponsored projects, use the dropdown menu to provide Sponsor Approval</i>				
Subrecipient will be conducting Human Subjects Research			Clinical Research Recruiting Site	
Subrecipient will be conducting Animal Subjects Research				

**NEW SUBAWARD REQUEST**

Sponsor:

Prime Sponsor:

RAS Award ID:

RAS Project ID:

Initial Budget Period

to

Initial Budget

Total Estimated Period

to

Total Estimated Budget

Cost-Reimbursable

Fixed Rate

Fixed Amount

*Approval must be attached for Federally funded project***AMENDMENT REQUEST**

Subaward No.

**Carryforward Approval**

Carryforward from the period of:

to

**Next Year / Additional Funding**

Budget Period:

to

Budget period to be applied to:

to

Increase By:

Carryforward Amount:

Please select:

**No Cost Extension**

New End Date:

**Revised Documents**

Revised Budget

Revised Scope of Work

**Early Termination**

Revised End Date:

**Other****Change in Subrecipient PI**

Previous Sub PI:

New Sub PI:

Effective Date of Change:

**COMMENTS:****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

Date