



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 <i>Approval must be attached for Federally funded project</i>

AMENDMENT REQUEST

Subaward No.	Carryforward Approval Carryforward from the period of: _____ to _____ Budget period to be applied to: _____ to _____ Carryforward Amount: _____ Please select:
Next Year / Additional Funding Budget Period: _____ to _____ Increase By: _____	
No Cost Extension New End Date: _____	
Early Termination Revised End Date: _____	Revised Documents Revised Budget Revised Scope of Work
Change in Subrecipient PI Previous Sub PI: _____ New Sub PI: _____ Effective Date of Change: _____	

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	Date
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