

## **Subcontract/Subaward Request Form**

TEMPLE INFORMA	ATION						
Who is submitting this form Name: Email: Temple Principal Investigator Name:				Financial Contact Information Name: Email:			
			Email				
			Temple Contacts to be Copied in Correspondence				
Email:							
SUBRECIPIENT IN	FORMATION						
Subrecipient Legal Name			Subre	Subrecipient PI			
			Name	Name:			
			Email	Email:			
COMPLIANCE							
<b>Indirect Cost Rate:</b>	per prime sp	onsor policy	de mi	nimis rate	negotiated rate	fixed rate	
%	MTDC	TDC	TC	Oth	ner:		
Carryforward Author	rization:						
Subaward involves Cost-sharing: Yes		No	No Cost Share Amount: \$				
International Site:	Yes	No					
For Federally sponsor	red projects, use	the dropdown me	enu to prov	ride Sponsor ap	oproval		
Will Subrecipient con	nduct Human S	ubject Research	?				
Will Subrecipient con	nduct Animal S	ubjects Research	h?				
NEW SUBAWARD F	REQUEST (com	plete this section	if this is a	NEW Subawa	rd request)		
ERA Number:							
Project Title:							
Initial Budget Period		to		Initial Budg	et \$		
Total Estimated Period	1	to		Total Estima	ated Budget \$		
Cost Reimbursable Fixed Price			Fixed Amount (Approval must be attached for Federally funded project				

All NEW Subaward requests REQUIRE the following attachments to be included: Scope of Work, Budget, Budget Justification, Sub's 3B form and any Deliverables and/or reports. <u>If not included, request will be returned without processing.</u>



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ERA Number		
Next Year / Additional Fun	nding Budget Period:	to
Increase by \$		
All Amendment Requests fo	or Additional Funding REQU	IRES a Budget to be Attached.
Carryforward Approval	Carryforward Amount	\$
Carryforward from the perio	od of:	to
Budget period to be applied	to:	to
Please select:		
No Cost Extension	New End Date:	
Early Termination	Revised End Date:	
Change in Subrecipient PI		
Previous Sub PI Name:		
New Sub PI Name:		Effective Date of Change:
Revised Documents:	Revised Budget	Revised Scope of Work
Other:		
INCIPAL INVESTIGATOR'S S	SIGNATURE AND CERTI	FICATION
		subaward in accordance with University and agency polici
i guidennes.		
PI Signature		Date
I DECHIDED ATTACHMENT	re mijet de inici liden i	WITH THIS REQUEST. IF ATTACHMENTS ARE NO
		WITH THIS REQUEST. IF ATTACHMENTS ARE NO HE SUBMITTER WITHOUT BEING PROCESSED.