

**REQUEST FOR OUTBOUND SUBAWARD**

|  |   |   |   |
|--|---|---|---|
| Date of Request                          | Principal Investigator                  | Dept No.<br><small>(example: 6010402)</small> | Campus                                  |
| <input style="width:90%;" type="text"/>  | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/>       | <input style="width:90%;" type="text"/> |
| Sponsor Name                             | Sponsor's Award No.                     | Project:                                      | Activity:                               |
| <input style="width:90%;" type="text"/>  | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/>       | <input style="width:90%;" type="text"/> |
| Project Title                            |   |   |   |
| <input style="width:100%;" type="text"/> |   |   |   |
| Subaward Institution                     |   | Subaward PI                                   |   |
| <input style="width:95%;" type="text"/>  |   | <input style="width:95%;" type="text"/>       |   |

New Subaward  
Has SAPO been created/requested?

**COMPLIANCE**

|  |   |
|--|---|
| FCOI Requirements  | <input style="width:65%;" type="text"/> |
| Work Involving Human Subjects                            | <input style="width:65%;" type="text"/> |
| Work Involving Vertebrate Animals                        | <input style="width:65%;" type="text"/> |
| Will data or materials be exchanged under this subaward? | <input style="width:65%;" type="text"/> |

**TYPE OF REQUEST**

New Subaward    New Budget Period:  to

Annual/Incremental Funding.    New Budget Period:  to

Fixed Rate Clinical Research: *Per Patient and Cost Reimbursable budgets require two separate ROS Forms.*

| SUBAWARD BUDGET *** DO NOT INCLUDE COLUMBIA'S INDIRECT COSTS *** |   |   |   |
|--|---|---|---|
|  | Direct Costs                            | Indirect Costs                          | Total                                   |
| Agreement  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Amendment 1  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Amendment 2  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Amendment 3  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Amendment 4  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Amendment 5  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Total Budget   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

Deobligation of funds    Amount to deobligate:

No Cost Extension    New Period of Performance:  to

Termination    Early Termination Date:

Other

**SUPPORTING DOCUMENTATION\***

|  |  |
|--|--|
| <p><i>New Subaward</i></p> <ul style="list-style-type: none"> <li>Subrecipient's Scope of Work</li> <li>IRB or IACUC letter for Subrecipient's SOW (if applicable), with current end date</li> <li>Subrecipient's Budget</li> <li>Subrecipient's Budget Justification</li> <li>Subrecipient's F&amp;A Agreement with Cognizant Agency</li> <li>Attachment 3A</li> <li>Attachment 3B</li> </ul> | <p><i>Amendment for Incremental Funding</i></p> <ul style="list-style-type: none"> <li>Subrecipient's SOW (if any changes from previous year)</li> <li>Subrecipient's Breakdown Budget for current period</li> <li>Subrecipient's Budget Justification</li> <li>IRB or IACUC letter for Subrecipient's SOW (if applicable), with current end date</li> <li>Attachment 3A ** only if departmental information needs to be updated</li> <li>Attachment 3B ** only if Subrecipient's information needs to be updated</li> </ul> |
|--|--|

\* This list is not all inclusive. SPA will communicate with the Administrative Contact if additional documentation is required.

**REQUEST FOR OUTBOUND SUBAWARD Continued:**

Please use the box below to provide any additional information related to this request.

**DEPARTMENT CONTACTS (if SPA has questions regarding this request)**

Administrative Contact name:

email:

Financial Contact name:   
(Departmental, not SPF/SPA)

email:

**Attachment 3A**  
Research Subaward Agreement  
Pass-Through Entity (PTE) Contacts

Subaward Number:

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**PTE Information**

Entity Name:

Legal Address:

Website:

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**PTE Contacts**

Central Email:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

COI Contact email (if different to above):

Financial Contact Name:

Email:

Telephone Number:

Email invoices?    Yes    No    Invoice email (if different):

Authorized Official Name:

Email:

Telephone Number:

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**PI Address:**

**Administrative Address:**

**Invoice Address:**