

OUTGOING SUBAWARD REQUEST

Requestor _____ Award ID: _____
Project ID(s) _____

Please complete both Sections below and attach to the *Request Award Modification Activity (AMR)* in HRS Grants.

SECTION I

The following Subaward Action is Requested:

NEW SUBAWARD AGREEMENT

Subrecipient Name: _____
Subrecipient Point of Contact (POC): Name _____ Email _____
Phone Number _____
Subaward Entire Period of Performance: From _____ to: _____
Subaward Budget Period applicable to **this action**: From _____ to: _____
Total amount approved for funding under **this ACTION**: \$ _____ Cost-Share: \$ _____
 Cost Reimbursable OR Fixed Price (Fixed Price Schedule must be attached to AMR)
 Subaward Deliverables have been included with request (**Deliverables are required for all Subaward Agreements**)

MODIFICATION/AMENDMENT - Financial (\$) Action: (Select all that applies):

This action is: Mod # _____ to the subaward agreement
Subrecipient Name: _____
Subaward Entire Period of Performance: From _____ to: _____
Subaward Budget Period applicable to **this action**: From _____ to: _____
Total amount of funding to be added \$ _____ OR decreased \$ _____ under **this ACTION**: Cost-Share: \$ _____

MODIFICATION/AMENDMENT – Non-Financial (\$) Action: (Select all that applies):

This action is: Mod # _____ to the subaward agreement
Subrecipient Name: _____
 No Cost Extension (NCE) through: _____
 Change in Deliverable(s) schedule
 Change of invoicing schedule
 Change in PI
 Authorization to purchase equipment
 Authorization of Carryover / Amount _____ (Describe in *Additional Details Section Below*)
 Agreement Termination / Effective Date _____ (Describe in *Additional Details Section Below*)
 Other (Describe in *Additional Details Section Below*)

SECTION II

Certifications

(If applicable, select all that apply)

Subrecipient Name: _____
 Subrecipient will or will not have use/access to, store, transmit, process, or collect UCF data (see UCF Policy 4-008 for full definitions for each type of data and examples thereof) **Response Required**
 Authorization to implement human subject activities (IRB approval must be attached to AMR)
 Authorization to implement animal research activities (IACUC approval must be attached to AMR)
 Other: (Describe in *Additional Details Section Below*)

I (Requestor) certify that the PI authorizes release of the requested action to the Subrecipient.

Requestor Signature

Additional details applicable to this request.