

**UNIVERSITY OF OREGON/SPS
REQUEST FOR NEW SUBAGREEMENT OR SUBAGREEMENT
AMENDMENT FORM**

- NEW SUBAGREEMENT**
(Complete all information except section E)
- AMENDMENT TO CURRENT SUBAGREEMENT**
(Complete Sections A, D, E, and F and provide current contact information for the subrecipient in Section B)

SECTION A – University of Oregon Information

UO PI Name: _____ Telephone: _____ E-mail: _____	Administering DGA: _____ Telephone: _____ Fax: _____ E-mail: _____
UO Grant # _____	Administering Unit: _____
Funding Agency (check appropriate box): <input type="checkbox"/> Federal Name: _____ Federal Award #: _____ <input type="checkbox"/> Non-Federal Name: _____ Non-Federal Award #: _____	
Project Title: _____	

SECTION B - Subrecipient Information

Subrecipient Entity's Name: _____	
Subrecipient's Administrative Contact: (Name and Title) _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____	Subrecipient's Principal Investigator: (Name and Title) _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____
Was Subrecipient proposed in grant proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not proposed in the grant proposal, have you obtained approval from the Sponsor for this Subrecipient? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy of the approval.)
Total Subagreement Dates: Start Date _____ End Date _____ (Include all anticipated budget periods. Continued funding is contingent on satisfactory progress and additional support from the prime sponsor to UO.)	
This Action Period Dates: Start date _____ End date _____ (Current budget period)	

SECTION C – Required Documents (Subagreement cannot be drafted without these)

Is the STATEMENT OF WORK (SOW) in the original proposal still valid? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , please attach an updated SOW, there is a guide in the instructions to this form.
Is the SUBRECIPIENT BUDGET & BUDGET JUSTIFICATION in the original proposal still valid? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please submit approved revised budget & budget justification with this form—note that a reduction in the official award to UO can have an impact on the subrecipient amount.)
Total Subagreement Amount (US Dollars): \$ _____ Total Funding for this action: \$ _____
Expected Incremental Funding (if applicable): Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____ Year 5: _____ Total _____
Cost Share Requirement (if applicable): _____

If Subrecipient must provide cost sharing or matching funds, describe type and amount:

Budget Restrictions: No Yes, explain:

Carryover Authorization:

If allowed by the prime award, I (PI) do / do not authorize automatic carryover of unspent funds from previous years to current years.

SECTION D - Other

Provide any information which you feel will be useful to the person preparing the subagreement, i.e., subrecipient reporting requirements and due dates, unusual reporting requirements, publications, intellectual property, invoicing address, etc., or any specific requirements you wish to have set forth in the subagreement.

SECTION E – Amendments Only (please fill in all appropriate blanks)

UO Subaward #: _____ **Amendment Number:** _____

Please Check All That Apply:

- No-Cost Extension: _____
- Increase funding by \$ _____ to a new total of \$ _____
- Decrease funding by \$ _____ to a new total of \$ _____
- Amended End date: _____
- Other (explain): _____
- SOW from the original subagreement is still valid. If not please include an updated SOW with this form.
- Budget and budget justification from the original subagreement are still valid. If not please include an update budget and budget justification with this form.

Please Read and Check All the Boxes Below (Required Information):

- Yes No Has the subrecipient been satisfactorily performing the work?
- Yes No Has the subrecipient delivered all required reports and/or data?
- Yes No Has the subrecipient’s institution been invoicing in a timely manner?
- Yes No Are dollar amounts of invoices reasonable for work performed and technical progress made to date?

SECTION F - PI Verification

By signing below, I certify that I have read the following statements and certify that they are accurate and truthful to the best of my knowledge and belief:

- The project or relationship with this subrecipient (check one) does or does not present a potential for conflict of interest or the appearance of a conflict for investigators involved and have provided a complete disclosure of this matter, as instructed by current University policy and/or Federal regulation.
- The subrecipient’s proposed costs have been reviewed and are reasonable for the technical effort proposed.
- Funding is available for this subagreement and is an allowable cost under the terms of the Award.

This request and its attachments have been reviewed and approved by the undersigned:

Principal Investigator Signature **Date**
Typed/Printed Name: _____

PLEASE FORWARD THIS COMPLETED FORM WITH BACKUP DOCUMENTATION TO SPS (SCANNED PDF IS ACCEPTABLE)

Note: Receipt of your Request for New Subagreement or Amendment form does not automatically indicate an emergency/expedited situation. Our prioritization for subcontract preparation is done based on order of receipt. If this is a request that needs expedited preparation of an agreement based on *unusual* and *exceptional* circumstances, please provide a detailed explanation of the circumstances. We will try to expedite emergency requests as we are able. Thank you.

Send to: SPS, 5219 University of Oregon, Eugene, OR 97403-5219 Phone: (541) 346-5131 Fax: (541) 346-5138 Email: SponsoredProjects@uoregon.edu Website: <http://orsa.uoregon.edu>.