



# SUBCONTRACT/SUBAWARD REQUEST FORM

## SECTION I: General Information

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Requested Subcontract Type: (Check One)

New  Amendment/Modification

AU Sponsored Account Number:

AU Principal Investigator (PI):

AU PI's Department/College/School/Unit:

Project Title:

AU PI's Administrative Contact:

Amount obligated/de-obligated via this request:

\$

Subcontractor/Subawardee's Period of Performance:

START Date:

END Date:

## SECTION II: Subcontractor/Subawardee's Information

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Subcontractor/Subawardee's  
Full Legal Name : (no abbreviations):

Address:

City:

State/Province:

Zip:

Telephone:

Fax:

Email:

Subcontractor's/Subawardee's PI:

Subcontractor/Subawardee's  
Administrative Contact Name:

Phone:

Email:

## SECTION III: Required Attachments:

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*Check and attach the following documents applicable to the Subcontract/Subaward*

- a)  Current Statement of Work
- b)  Current Budget (matches anticipated funding and is broken out by DIRECT and INDIRECT cost categories)
- c)  List of Equipment costing \$5,000 or more per item
- d)  Cost Sharing Obligation (if applicable) Amount committed \$ \_\_\_\_\_
- e)  IRB Approved Protocol (if Human Subjects involved in research)
- f)  IACUC Approved Protocol (if Animal Use involved in research)



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## SECTION IV: Additional Information to Process Subcontract/Subaward request. (2000 Character max.)

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a) Do you have prior experience working with this subrecipient? Yes No (If yes, please explain below)

b) Is there anything else you would like considered during the risk review for this subrecipient? Yes No (If yes, please explain below)

AU Principal Investigator's Signature:

Date:

Please email this completed form and all required documents to: [OSPO@american.edu](mailto:OSPO@american.edu)

## SECTION IV: OSP Use Only

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OSP Staff:

Subaward No. (TBD by OSP):