# Subaward Request Form – NEW Subaward

Submit a Subaward Request to initiate a new subaward or modify an existing one. The department managing UMB's award uses this form to initiate SPA's process of issuing the subaward. Respond to all questions and attach documents (PDFs only!) in support of your request.

**Before beginning this form**, use Kuali Research (Common Tasks > Search Awards) to [find the relevant Award ID](https://www.umaryland.edu/kualicoeus/user-resources-and-help/awards/) for the award that will fund this subaward. The Award ID is in the format 123456-00011 and can be found on the KR Award record.

**For NEW subawards,** use Kuali Research to look up the Address Book ID for the Subrecipient Principal Investigator. Go to All Links and search for Address Book to open the Address Book Look-up. If the person does not appear in your search results, submit an [Address Request form](https://www.umaryland.edu/kualicoeus/user-access-and-requests/address-request/).

[Subaward information, instructions, and subrecipient commitment form](https://www.umaryland.edu/spa/collaborations-and-subrecipients/subrecipient-agreements/)  
<https://www.umaryland.edu/spa/collaborations-and-subrecipients/subrecipient-agreements/>

[Subaward request FAQs](https://www.umaryland.edu/spa/collaborations-and-subrecipients/subrecipient-agreements/subaward-request-faqs/)  
<https://www.umaryland.edu/spa/collaborations-and-subrecipients/subrecipient-agreements/subaward-request-faqs/>

## Subaward Request Form (first section)

**Is this request for a NEW subaward?** Yes/No

Select "No" for non-competing continuations or for changes to an existing award.

**Was this subrecipient included in the funded proposal?** Y/N

**If response is "No"**, attach sponsor approval in the Attachments section of this form.   
IN ADDITION, email [jsimons@umaryland.edu](mailto:jsimons@umaryland.edu) with: (1) the KR Award ID that will fund the subaward, (2) the organization name, and (3) written sponsor approval of the subaward when required, or documentation that Sponsor approval of the new subaward is not required.

## UMB Award Information

**Award Number**

Enter the Award ID from Kuali Research. Your Award ID is in this format:   
123456-00011. Use the *current* budget year that will fund the subaward.

***TIP:*** *After you enter the Award ID, allow all the fields to autofill before moving on. This can take up to 15 seconds, depending upon your internet connection*

## Details

**Subaward start date:**

Enter the start date of the current subaward period

**Current budget period end date:**

Enter the end date of the current subaward period

**End date of entire period of performance:**

Enter the anticipated end date for all project years. This end date may match the Current budget period end date or may reflect an anticipated project period of multiple years.

**Dollar amount of funded this action:**

Enter the amount to be awarded to the subrecipient for the current subaward period.

**Subaward anticipated total funding:**

Enter the anticipated total amount to be awarded to the subrecipient for all project years

**Cost Type:** Fixed Price/Cost Reimbursable

Select Cost-Reimbursement **for most subawards**. Invoices show expenses by category based on actual costs incurred.

Select Fixed-Price when payment is based on deliverables/milestones or a fixed payment schedule. Prior approval of the sponsor is required for most Fixed-Price Subawards.

**Subrecipient’s Scope of Work** (upload a PDF file)

Upload the subrecipient's Scope of Work (aka Statement of Work). [Statement of work template](https://www.umaryland.edu/media/umb/ord/documents/spa/UMB-SOW-Template.pdf)

**Budget** (upload a PDF file)

Upload a budget (cost-reimbursement) or payment schedule (fixed price).

## Subrecipient Information

**Organization Name:**

If there is no dropdown menu of organization choices, the organization does not appear in the dropdown menu, or the organization or its address appears to be incorrect, contact [jsimons@umaryland.edu](https://usmd.kualibuild.com/app/builder/action/63891ae6c1163f4210eaf553/jsimons@umaryland.edu) and provide the Award number (entered in this form's UMB Award Information section) and the organization name(s) missing.

***TIP:*** *The subaward must appear as an Approved Subaward in the Kuali Research Award record that you entered on the UMB Award Information section of this form. This information is on the first tab of the Kuali Research Award record. Scroll down to Subawards and click “Show”. The section “Approved Subawards” should list the organization(s) and amount(s).*

**Organization Address** will be autofilled for the organization chosen from the Organization Name dropdown menu.

**Subrecipient PI KR Address Book Number:**

Enter the Kuali Research Address Book ID for the Subrecipient PI. To [find this in Kuali Research](https://www.umaryland.edu/kualicoeus/user-resources-and-help/searches/), go to All Links and search for Address Book. Then search for the Subrecipient PI in the Address Book Lookup.

***TIP****: If you search in the Kuali Research Address Book and the individual is not listed, please submit an* [*Address Request form*](https://www.umaryland.edu/kualicoeus/user-access-and-requests/address-request/)*. Once the Address Request is fulfilled, the submitter will be notified with the Address Book ID.*

**Subrecipient Administrative Contact** (enter the name) - REQUIRED

**Subrecipient Admin Contact Phone #**

**Subrecipient Admin Contact Email** – REQUIRED

***TIP:*** *It is important that the Administrative Contact information for the Subrecipient Entity is correct in the KB Subaward request form as that is the information SPA will use to request information for Risk Assessment if needed and, eventually, to send out the subaward for signature.*

## Subrecipient’s Reports and Deliverables

**Check all that apply**Select at least one.

Annual technical or program report

Monthly technical or program report

Quarterly technical or program report

Other technical or program reports (describe below)

Final Financial Report - to be submitted at the end of the entire award period of performance

Final Invention Report - to be submitted at the end of the entire award period of performance

Final Equipment/Inventory Report - to be submitted at the end of the entire award period of performance

Other deliverables (describe below) Examples of "other deliverables" include: case report forms, meetings, trainings, project milestones

Technical/progress reports on the project as may be required by the PI to satisfy obligations to the prime sponsor

If “Other deliverables” is checked, a comment box will appear:

**Describe or List:** If checked above, describe or list "other technical or program reports" and/or "other deliverables". (*Do not copy/paste in this field.*)

***TIP****: Most grants will require an annual progress report from the subrecipient as well as a final invention report. When selecting the applicable reports and deliverables from the list, consider what your PI will need from the subrecipient in order to achieve the aims of the project and comply with the requirements of the award.*

## Questions

***TIP:*** *The Questions section of the form is editable for the PI. You may complete the questions and then ask the PI to review and edit as needed.*

**Financial Interests:**

Does the PI or the PI's spouse or any dependent of the PI and/or any key persons performing the work within this award, their spouse or any dependents, have a financial interest in this subrecipient organization? Yes/No

**Conflict of Interest:**

The project or relationship with this Subrecipient presents a potential for conflict of interest or the appearance of a conflict of interest. Yes/No

**Clinical trial?** Yes/No

Select "Yes" if identified as a Clinical Trial in Section IV of UMB’s NOA and/or as defined by the NIH Grants Policy Statement:  
<https://grants.nih.gov/grants/policy/nihgps/HTML5/section_1/1.2_definition_of_terms.htm>

**Subrecipient’s SOW involves animals?** Yes/No

**Subrecipient’s SOW involves human subjects?** Yes/No/Human subjects exempt

**Sharing or shipping of biological materials?** Yes/No

If yes, some materials may require a Material Transfer Agreement. [Contact CCT](https://www.umaryland.edu/cct/corporate-contracts/material-transfer-agreements/) with questions or to initiate an MTA.

**Includes cost sharing?** Yes/No

NOTE: This question addresses mandatory cost-sharing by the subrecipient that must be reported to the sponsor. Salary caps are not mandatory cost sharing.

**Research/project data will be exchanged under this agreement:**

Yes, from UMB to Subrecipient

Yes, from Subrecipient to UMB

Yes, from both UMB and Subrecipient

No, not applicable

**Human subject data will be exchanged under this agreement:**

Yes, from UMB to Subrecipient

Yes, from Subrecipient to UMB

Yes, from both UMB and Subrecipient

No, not applicable

**Types of Data** (this field appears unless the response is “no, not applicable” for BOTH data exchange questions)

Protected Health Information (PHI)

Personally Identifiable Information (PII)

Data that includes identifiers in a HIPAA "Limited Data Set"

Data about human subjects that does not contain any identifiable information

Data that is not about human subjects

Educational records

**Protected Health Information (PHI)**: Individually identifiable health information, including genetic information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual

**Personally Identifiable Information (PII)**: Name/biometric/genetic, together with: SSN, driver’s license #, state ID #, passport #, US government ID #, or account/credit card/debit card # plus security code/access code/password

**Data that includes identifiers in a HIPAA “Limited Data Set”:** All identifiers are removed, except: city/state/zip; date of admission/discharge/service/birth/death; age in years/months/days/hours

**Educational records:** Records that are directly related to a student

**Data exchange explanation (Comment field)**

Provide a brief description of the data to be exchanged. If a data use agreement is already in place, please note that here.

**Subrecipient is registered in SAM?** Yes/No

NOTE: The organization must have a Unique Entity Identification (UEI) assigned in Sam.gov before UMB can issue a subaward under Federal funding

**Is a Multiple PI (MPI) Award?** Yes/No

If Yes, the following question will appear:

**MPI Leadership Plan**

If "MPI Plan is attached" is selected: Use the Attachments section to upload a copy of the Multiple PI Leadership Plan for inclusion in the subaward.

The MPI plan is attached

The PTE [pass-through entity, i.e., UMB] will make the MPI plan available upon request

**Comments:**

Enter additional information for review by SPA. (*Do not copy/paste in this field*.) If advance payment to the subrecipient is requested, note it here. Additional information for review by SPA may also be uploaded as an attachment.

## Attachments:

**Subrecipient Commitment Form:**

Attach the signed [Subrecipient Commitment Form](http://www.umaryland.edu/spa/forms/#Subawards). The current completed form, signed by the Subrecipient's authorized official, is required.

***TIP:*** *The Subrecipient Commitment Form is completed and signed by the Subrecipient’s authorized official and is used by SPA for risk assessment and to verify details about the Subrecipient as part of the review of the Subaward Request.*

**Approvals:**

**Examples**: sponsor approval for the subaward or for change of subrecipient PI; Sponsor approval to issue subaward as fixed price; human subject or animal use approvals

**Data Sharing**

When relevant, upload the Data Management or Sharing Plan approved by the Sponsor (original plan or approved update). If the subrecipient is subject to complying with the UMB’s Data Management or Sharing Plan for the award, the subrecipient should be made aware of the contents of the plan and any approved updates.

**Other attachments**

## Who is making this request?

**Are you (the person submitting the form) the person to be contacted for any questions?** Yes/No

If response is no:

**Who should be contacted?**

Name

Telephone

Email Address