

UNIVERSITY OF IDAHO  
OFFICE OF SPONSORED PROGRAMS  
**SUBAWARD REQUEST FORM**

UI PROJECT INFORMATION

UI Grant Code:

Index No.:

UI PI:

SUBAWARD PROJECT INFORMATION

Subrecipient's Name and Address:

Subrecipient's Period of Performance:

Subrecipient's Project Title:

Subrecipient's Amount (US Dollars): \$

Incremental Funding (if applicable):

Year 1: \$

Year 2: \$

Year 3: \$

Year 4: \$

Year 5: \$

Total: \$

Cost Share:

Not required.

Cost Share of \$ \_\_\_\_\_ is required as indicated in the budget.

**Subrecipient's Reporting Requirements.** Mark the reporting requirements or other requirements for this subaward:

"Progress and Final Reports will be required and requested by University's Project Director as needed."

Alternate Reporting Requirements or Other Requirements:

**Subrecipient's Scope of Work, Budget, Other Documentation**

The Subrecipient's Scope of Work and Budget that align with the Prime Award are uploaded in EIPRS.

The Subrecipient's Scope of Work and Budget that align with the Prime Award are attached to this request.

**I hereby authorize the Office of Sponsored Programs to process the above Subaward Request.**

\_\_\_\_\_  
UI Principal Investigator

\_\_\_\_\_  
Date

\*\*\* Incomplete or inaccurate forms will be returned to the DGA & PI. It is the DGA/PI's responsibility to work with the appropriate University department to provide correct information.

**RETURN COMPLETED FORMS TO [OSP-CONTRACTS@UIDAHO.EDU](mailto:OSP-CONTRACTS@UIDAHO.EDU)**