

UNIVERSITY OF IDAHO
OFFICE OF SPONSORED PROGRAMS
SUBAWARD or SUBCONTRACT REQUEST FORM

UI PROJECT INFORMATION

UI Budget Number:

UI Proposal Number:

UI PI:

Requisition No.:

SUBRECIPIENT PROJECT INFORMATION

Institution/Organization (Sub-recipient) **Legal Name and Address (must match their sam.gov registration address):**

Subaward Period of Performance: Start date:

End date:

Subaward Project Title:

Subaward Intended Total Amount (US Dollars):

Incremental Funding (if applicable):

Year 1:

Year 2:

Year 3:

Year 4:

Year 5:

Total:

Cost Share Requirement (if applicable):

The following language will be included for reporting requirements unless otherwise specified below:

“Progress and Final Reports will be required and requested by University’s Project Director as needed.”

Alternate Reporting Requirements (if applicable):

Additional information or notes:

PLEASE ATTACH THE FOLLOWING DOCUMENTS

Scope of Work

Budget and Justification

Special Conditions (if applicable)

Attachment 3A and 3B

Please complete attachment 3A and 3B at www.uidaho.edu/osp/forms. Please include the information for the UI Principal Investigator and department Financial Contact on form 3A. Also on attachment 3B page 1, please enter the Project Director, Administrative Contact and Authorized Official for the subrecipient. The remainder of attachment 3B will be completed by the subrecipient during the subaward issuance and acceptance phase.

Other:

PI signature

Date