

## Sub-award Request Form

**VCU Information:** *(All items must be completed)*

Principal Investigator: \_\_\_\_\_ Address \_\_\_\_\_  
 PI Phone \_\_\_\_\_ PI Fax \_\_\_\_\_ PI E-mail \_\_\_\_\_  
 VCUeRA PT/PD Number \_\_\_\_\_ Sponsor Award Number \_\_\_\_\_  
 Subcontract Number: SC \_\_\_\_\_ Org Code (Index) for Home Account: \_\_\_\_\_  
 Org Code (Index) for this Sub-award: \_\_\_\_\_

**Sub-award Agreement Information:** *(Items in bold must be completed)*

**Period of Performance Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Budget Period Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Amount Funded This Action:** DC \_\_\_\_\_ IC \_\_\_\_\_ **Total** \_\_\_\_\_  
**Estimated Total for Entire Project:** \$ \_\_\_\_\_  
**Project Title:** \_\_\_\_\_  
 \_\_\_\_\_  
 Special Notes to OSP \_\_\_\_\_  
 \_\_\_\_\_

**Collaborator Information:**

Collaborating Institution Name: \_\_\_\_\_  
 Project Director Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Authorized Official  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**VCU Department Contact:** *(All items must be completed)*

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

### **Principal Investigator Signature:**

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 Sub-recipient (check one) \_\_\_\_does or does not \_\_\_\_ present a potential for conflict of interest or the appearance of a conflict of interest. All investigators have provided a complete disclosure as instructed by current University policy and/or Federal regulation.

The sub-recipient's proposed costs have been reviewed and are reasonable for the technical effort proposed.

Funding is available for this sub-agreement and is an allowable cost under the terms of the Award.

**Principal Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Fiscal Technician Acknowledgment:**

By signing below, I certify that I have read the following statements and understand my responsibilities in the administration of these funds:

The funds awarded for this project are reserved for payment of services to said Sub-recipient and shall be encumbered by OSP, as instructed by current University policy and/or Federal regulation. I will not alter the encumbrance, but rather seek approval and assistance from OSP if/when necessary.

**Fiscal Technician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submit Form to:** [OSPAWARD@VCU.EDU](mailto:OSPAWARD@VCU.EDU) Office of Sponsored Programs, PO Box 980568, Richmond, VA 23298-0568