

OFFICE OF SPONSORED PROJECTS

PO Box 4130 1395 South Knoles Drive Flagstaff, Arizona 86011-0001 ARD Building #56 Suite 240 Phone (928) 523-4880 / Fax (928) 523-1075

Request to Issue a Subaward

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This form is to be completed by the Principal Investigator to request that a subaward be issued to another organization.

SECTION A. NAU Information

PI/PD	Contact Info. (e.g., cell and/or e-mail)		Period o	Period of Performance		
Proposal or Project ID #						
Prime Sponsor						
Award # if available						
SECTION B. Proposed Subrecipient	Information					
Proposed Subrecipient			DUNS #			
Subrecipient Place of Performance						
		o. (e.g., cell and/or e-mail)				
Budget Period Start and End Dates 1s	t Budget Period \$ Amount	Project Period Start and	Ind Dates Total Project \$ Amount			
Project Description: (200 word limit; if funded this description will be used for FFATA Reporting and USASpending.gov reports)						
Project Description: (200 word limit; if funded this description will be used for FFATA Reporting and OSASpending.gov reports)						
SECTION C. Required Information	for Subaward					
Conflict of Interest Determination						
Do you or any member of your project staff, or any member of your, or your project's staffs' immediate families, have any personal or financial						
interest in the proposed subrecipient?						
O Yes O No						
2. Attachments to be Provided:						
☐ Current Statement of Work (required)						
☐ Current Budget (Attach budget which is broken into basic direct and indirect cost categories) (required)						
☐ Reporting Requirements including report type (financial and/or technical) and due dates (required)						
☐ Current Budget Justification (required)						
☐ Equipment costing \$5,000 or more (if applicable)						
□ NAU or subrecipient furnished property (if applicable)						
☐ Cost Sharing Obligation, Amount committed \$(if applicable)						
☐ IRB Approved Protocol (if applicable)						
☐ IACUC Approved Protocol (if applicable)						
☐ Sole Source or Competitive Process Justification (see 5 below)						
NOTE: Attach any explanation of any unique requirements or terms and conditions to be incorporated into this Subaward Agreement (if applicable)						
Fair and Reasonable Cost Determination Indicate all costs included and reviewed in the subrecipient's budget:						
☐ Salary/Level of Effort	□ Equipmer	_	П	Other Direct Co	nsts	
	4-1			Indirect Costs	03(3	
_	_	s and Supplies		munect costs		
☐ Travel	Subcontr		nt and baced	Lunon my ovnor	ience and analysis of	
	O Yes O No I have reviewed the technical and cost proposals for this subrecipient and based upon my experience and analysis of costs or prices proposed, find them to be appropriate, fair and reasonable for the proposed effort.					

4. St	4. Subrecipient vs Contractor Determination				
Th	ne PI has determined that this organization is properly categorized as a subrecipient. Check all that apply:				
	☐ Subrecipient will carry out a substantive portion of the overall scientific project				
	Subrecipient is responsible for making related programmatic decisions				
	Subrecipient is responsible for complying with Federal regulations				
	Subrecipient is able to determine eligibility of second tier recipients to receive federal assistance (funds)				
	Subrecipient's performance will be measured in relation to whether the objectives of the Federal program are met				
	Subrecipient will use Federal funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of NAU				
5. Sc	ole Source or Competitive Selection Process				
	Subrecipient was selected without seeking competitive proposals. Attach a separate sheet justifying your selection of this subrecipient based on expertise, location, unique facilities etc. (Reference OGCS website:)				
	Subrecipient was selected using competitive proposals. Attach a separate sheet including the: 1) name and address of each proposed subrecipient, 2) total cost proposed by each; and 3) reason for selection of current subrecipient				
	Subrecipient Commitment Form will be necessary if one was not submitted in the proposal package or if the commitment form submitted is an one year.				
SECTION D. Principal Investigator Approval					
Please print name and sign to certify the accuracy of the information provided above by signing and dating as indicated below. Thank you.					
	Print Name / Title / Department Signature Date				