**New Subaward Initiation Form**

In order to initiate a new subaward, please submit this form, along with any additional forms and information as indicated below, to SPS-Subawards@email.arizona.edu . If you are requesting a modification to an existing subaward, please use the Subaward Modification Initiation Form instead. Please contact us by email if you have any questions or need assistance.

SPCS – Subaward Services

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| --- | --- | --- |
| UAccess Financials Account #:       | Subrecipient      | Date Submitted:       |
| UA Principal Investigator:       | UA Department:       |
| Submitted by:       | Email:       | Phone:       |

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| **A. Subaward Information** |
| 1. Subrecipient Name:
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| 1. Subaward Project Title:
 |
| 1. Subrecipient Contracting Contact:       Email:
 |
| 1. Please enter the following information for the initial period of the subaward:Subaward Start Date:       Subaward End Date:       Amount Funded:      Cost Share Amount Required (leave blank if none):

Is automatic carryforward of unspent previous period funding approved? [ ]  Yes [ ]  No |
| 1. If the subaward will be incrementally funded, please enter the information for the estimated period of the entire project:Estimated Project End Date:       Estimated Total to be Funded:
 |
| 1. Start Date of Prime Award:       Estimated End Date of Prime Award:
 |
| **B. UA Contact/Invoice Information** |
| **1. Principal Investigator Contact Information**Email:       Phone:      Surface Mail Address:       |
| **2. Financial Contact Information**Name:       Email:       Phone:       Surface Mail Address:      |
| **3. Invoice Information**Email Invoices? [ ]  Yes [ ]  No Email Address for Invoices (if different than Financial Contact email address):       Surface Address for Invoices (if different than Financial Contact surface mail address):      |
| **C. Subaward Details**  |
| 1. **Data Sharing.** If the prime award is federal or sub-federal, does it include a requirement that a data management/sharing plan be established with the subrecipient? [ ]  Yes – Please attach data management/sharing plan[ ]  No[ ]  N/A – not a federal or sub-federal prime award
 |
| 1. **Human Subjects**

Will the subrecipient be conducting human subjects research under this subaward?[ ]  Yes – It is the department’s responsibility to ensure that appropriate IRB review is in place prior to the initiation of any human subjects research at the subrecipient [ ]  NoWill human subjects data be exchanged with the subrecipient?[ ]  Yes – Please complete the [Human Subjects Data Questionnaire](https://rgw.arizona.edu/administration/home/forms-and-templates#SubawardsSubrecipients)[ ]  No |
| 1. **Vertebrate Animals.** Will the subrecipient’s research involve work with vertebrate animals?[ ]  Yes – Please contact IACUC at ORCR-IACUC@email.arizona.edu. The subagreement cannot be signed until the UA IACUC office provides Subaward Services with approval to proceed

[ ]  No |
| 1. **Equipment**

Yes No[ ]  [ ]  Will the subrecipient acquire equipment with awards funds in order to fulfill the scope of work for this project?[ ]  [ ]  Will the prime sponsor furnish equipment to the subrecipient? |
| 1. **Foreign Travel.** Will there be any foreign travel funded on this subaward action?[ ]  Yes – Please describe the location and purpose of the foreign travel:      [ ]  No
 |
| **D. Risk Assessment**  |
| Has the UA PI or department had recent or relevant experience with this organization as a subrecipient?[ ]  No[ ]  Yes – Please answer the following question: Yes No [ ]  [ ]  Did the subrecipient complete project objectives, submit timely invoices, backup documentation, and technical and financial progress reports? |
| **E. Additional Information** |
| Include the following documents with your New Subaward Initiation form, and indicate below which items have been included. [Forms for items 4-7 can be found here](https://rgw.arizona.edu/administration/home/forms-and-templates#SubawardsSubrecipients). *Failure to include the required items will cause the review to be put on hold.*[ ]  1. **Subrecipient Scope of Work.** Required. Please provide an accurate and clean copy, since this will be inserted directly into the contract. This should be specific for subrecipient activities, not UA activities, and cover the work funded under this action. It should include details on what the project hopes to accomplish, methodology used, timelines, and deliverables.[ ]  2. **Subrecipient Budget.** Required. Please provide an accurate and clean copy, since this will be inserted directly into the contract. If this will be incrementally funded, the budget must clearly separate the budgeted amount for the period funded under this action, matching the amount listed in Sec. A.3 above.[ ]  3. **Subrecipient Budget Justification.** Required. The budget justification must be specific for the subrecipient activities, not UA activities, and cover the work funded under this action.[ ]  4. **Subrecipient Commitment Form or Letter of Commitment/Intent.** Required. [ ]  5. **Subrecipient Qualification Form.** Required.[ ]  6. **Human Subjects Data Questionnaire**. If required per Sec. C.2 above.[ ]  7. **Data Management/Sharing Plan.** If required per Sec. C.1 above.[ ]  8. **Additional Attachments.** Please list any additional attachments included with the form:       |
| **F. Comments** |
| Please provide any additional comments or information below:      |