

**SUBAWARD REQUEST FORM - NEW SUB\***

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**IU Award Information:**

IU Principal Investigator:

Department Contact:

IU Grant Account Number:

Prior Approval for Subaward: included in the original KC Proposal Development Document  
approval on Non-Routed Administrative Request Form document number:

Prime Funding Source: Fed/Fed Pass Thru Non Fed (State, Non-Profit, Foundation, etc.) Commercial/Industry

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**Subrecipient Information:**

Subrecipient Institution:

Subrecipient Principal Investigator:

Subrecipient Administrative Contact Email Address:

Period of Performance: Same as Prime Award Other (must fall in prime award dates) to

First Budget Period Subaward Amount:

Direct Costs:

Indirect/ F&amp;A Costs:

Subrecipient's F&amp;A Rate:

Estimated Amount, All Years:

The Subrecipient will work with (check all that apply):

N/A Human Subjects rDNA Animal Subjects Other:

Human Subjects Data Type: N/A PII PHI Limited Data Set De-identified

IRB Protocol Number, if applicable:

Direction of Human Subject Data Sharing (check all that apply): N/A Subrecipient to IU IU to Subrecipient

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**Payment Method and Required Attachments:**

Payment Method: Fixed Price Cost Reimbursable Fixed Rate (for per patient costs/multi-site)

Required Documents (must be attached in order to process the agreement):

Statement of Work (All Payment Methods)

Subrecipient Commitment Form (All Payment Methods if Federal/Fed Pass Thru)

Deliverables Schedule with Payments tied to deliverables (Fixed Price)

Budget (Cost Reimbursable)

Payment Schedule (Fixed Rate)

Addtl. Notes:

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I certify that the above information and the statements included in this paragraph are true and accurate and that there are sufficient funds available for this request in the account specified above. I understand that while the Office of Research Administration will sign any agreements associated with this request, the Project Director, and Fiscal Officer (or other appropriate departmental personnel) have agreed to take responsibility for the activities related to this request, including obtaining any necessary Biological Safety, Human Subjects, or Animal Care & Use approvals. (More information can be found at: <https://research.iu.edu/compliance/index.html>.)

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Please submit this form and all required documents to [subaward@iu.edu](mailto:subaward@iu.edu).**\*For guidance on specific fields above, please refer to guide below.**

## **New Subaward Requests – Field Guidance**

(Please contact [subaward@iu.edu](mailto:subaward@iu.edu) if you have additional questions as not all fields are explained below.)

**IU Principal Investigator:** Person listed as the Principal Investigator for this project in Quali Coeus (KC).

**IU Grant Account Number:** This is the 7-digit IU account number that ORA has set up for the prime grant/contract that begins with a 4 or a 5. Note that Subawards cannot be processed on Advanced Accounts.

**Prior approval for subaward:** If the subaward being requested was not included on the original Proposal Development Document, a Non-Routed Administrative Request is required (more information can be found [here](#)) to ensure that the appropriate approvals have been granted and the appropriate checks have been done.

**Subrecipient Administrative Contact Email Address:** Please provide an email address to the administrative office or individual responsible for ensuring the authorized official signs the subaward. The Subaward Agreement will be sent to this email address, so accurate information is important to avoid delays.

**Period of Performance:** The subrecipient period of performance will generally be the same as the prime award dates. If the start and/or end dates should differ from the prime award, enter those dates here. Note that the dates must be within the current prime award period of performance dates.

**The Subrecipient will work with (check all that apply):** We must specify what type of research risks the subrecipient will be involved in and, therefore, will likely require approvals. Keep in mind these are what the *subrecipient* will be working with, not what we at IU will be working with *unless* data is being exchanged.

**Human Subjects Data Type:** For help classifying human subject data, see the tool located [here](#).

**Direction of Human Subject Data Sharing (check all that apply):** In order to include the appropriate terms, we need to know if IU will be sharing data with the Subrecipient, if the Subrecipient will be sharing data with IU, or if the data will be shared both ways.

**Payment Method:** More information about cost-reimbursement and fixed price can be found [here](#). The Fixed Rate payment method should be used when the subrecipient is enrolling subjects on a per subject/capitation.

**Required Documents (must be attached and are dependent upon the payment method selected):** Please make sure that these documents are up to date (e.g. if the amounts have changed, please update the budget).

**Statement of Work (All Payment Methods):** A detailed description of specific work to be performed by the subrecipient. Clearly state what you want the subrecipient to achieve and/or deliver; this should be clear enough to allow for only one interpretation. For example, list tasks that need to be performed to meet objectives or the number of times something should be done.

**Deliverables Schedule (Fixed Price):** A detailed list of tasks/milestones that occur throughout the project and are evidence that the work is being accomplished in a timely manner. These should be specifically tailored to each project by the PI and research team and often include tangible items (e.g. data delivered, completed analyses, or detailed reports submitted). The schedule should also include the responsible party, due date, and fixed price amount for each task. Specific payment amounts should be associated with each deliverable. *Note: federal fixed price awards have a limit of \$250,000. If you would like to award more than \$250,000, you will need to submit separate subaward requests with separate deliverables schedules.*

**Budget (Cost Reimbursable):** A detailed budget reflecting the projected expenses of the Subrecipient.

**Payment Schedule (Fixed Rate):** This schedule should include the amount per patient/subject per activity. Please also include the estimated number of patients/subjects, and a not to exceed amount.

**Additional Notes:** Please provide any additional information that you believe would help us with the issuance of this subaward. This section can also be used to clarify any responses provided earlier in the form.