



**Request for New Subaward**  
Office of Sponsored Projects

**Office Use Only:**

☐ Standard  
☐ FDP  
☐ UG

FFATA:

☐ Yes ☐ No

**Section A**

Subawardee's Legal Name:		ORG No.:	FUND No.:
Type of contract: <input type="radio"/> Cost-reimbursable <input type="radio"/> Fixed Price If federal fixed price, attach prior approval from sponsor.		Total Subaward Start Date: <input type="text"/>	Total Project End Date: <input type="text"/>
Title of Project:		This Increment Start Date: <input type="text"/>	This Increment End Date: <input type="text"/>
Total Anticipated Amount of Subaward:	Amount Funded This Action:	Subaward Cost Share This Action:	Subaward Cost Share Total:

**Section B**

**Required Documents for Subaward**

- ☐ \* Statement of Work
  - ☐ \* Budget and Justification
  - ☐ \* Cost Share Budget and Justification
  - ☐ \* Subrecipient Commitment Form (not required if the sub is a FDP member)
  - ☐ Any other document required by MSU or the Sponsor  
(Reps & certifications that are required to flow down to the lower-tier subcontracts)
- \* Required at the time of proposal

**Section C**

**MSU Principal Investigator**

**MSU Departmental Administrative Contact**

Name:	Name:
Address:	Phone:
Phone:	E-mail Address:
E-mail Address:	

**Section D Subawardee Contact**

**Source of Funding (found on SPA FUND notice)**

Name:	Prime Sponsor:	
Phone:	Prime Agreement No.:	
E-mail Address:	Banner Grant #:	CFDA/ALN #:
Title:		
PI Name:	UEI:	<input type="text"/>

**Section E MSU Principal Investigator Questions**

Y N

- ☐ ☐ Cooperator Acquired (CA) Equipment Budgeted?
- ☐ ☐ Government Furnished Equipment? (If Yes, provide list of equipment)
- ☐ ☐ Was the subaward included in the original proposal?  
If no, have we received approval from the prime sponsor for this subaward?  
☐ Yes (Please provide approval)  
☐ No
- ☐ ☐ Has the scope of work and/or budget changed from what was originally submitted?  
Has the MSU PI worked with this collaboration before?  
☐ No, first time  
☐ Yes, prior relationship/collaboration
- Deliverables under this subaward will be:  
☐ Report only  
☐ Tangible Product
- ☐ ☐ Does this project have a TCP (Technology Control Plan)?  
If yes, TCP #
- ☐ ☐ Is there fabricated equipment on this subcontract?
- ☐ ☐ Does the subcontract involve any Human Subjects (IRB), Animal Subjects (IACUC), or other compliance issues? If yes, please provide any necessary details here.

**Section F**

I certify that the information on this request form is accurate and complete as of this date. I agree to accept responsibility for monitoring compliance with the terms of the subaward and prime award. By signing this form, I am granting permission to the Subaward Unit of Office of Sponsored Projects to issue a subaward to the entity listed on this form.

Principal Investigator

Departmental/Center Contact

Dean/Director

Please submit a request in the OSP Portal including this form and items checked in Section B.