



MISSISSIPPI STATE UNIVERSITY™

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)
 - *Subrecipient versus Vendor Classification Checklist
 - * 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.