



**GEORGIA STATE UNIVERSITY
OFFICE OF SPONSORED PROGRAMS**

**Request for Subcontract/Subaward
(Sponsored Projects Only)**

PROJECT NO:	INITIAL/AMEND/REVISE:	INSTITUTIONAL COMMITMENT:	OSP USE ONLY:
TITLE:			
SUBCONTRACTOR AGENCY:		SUBCONTRACTOR INVESTIGATOR:	
Organization: Address: City/State/Zip: Contact Person: Email: Federal Employer ID No.:		Name: Department: Address: City/State/Zip: Phone: Email:	
GSU INVESTIGATOR:		GSU GRANTS OFFICER:	
Name: Department: Address: City/State/Zip: Phone: Email:		Name of OSP Officer: Office of Sponsored Programs Georgia State University PO Box 3999 Atlanta, GA 30303-3999 404-651-4350	
STATEMENT OF WORK (30 words or less):			
Please attach subcontractors F&A Agreement and Budget. If more than 30 words, attach complete statement of work, including specific performance criteria and all deliverables, which will be attached to subcontract.			
PERFORMANCE PERIOD:		BILLING INFORMATION:	
From: _____ To: _____		___ Cost Reimbursable ___ Fixed Price* *Fixed price can only be used if prime award is fixed price, subject to prime award guidelines.	
COST SHARE:		PROTOCOLS: _____ Not Applicable	
Amount: \$ _____		___ Human Subjects # _____ Expires: _____ ___ Animal Subjects # _____ Expires: _____ ___ Radiation: _____ Date Approved ___ Pending ___ Bio-Safety: _____ Date Approved ___ Pending	
BUDGET: Attach budget, which will be attached to subcontract. DO NOT INPUT BUDGET HERE.			
CONTACT PERSON FOR QUESTIONS ABOUT THIS FORM:			
Name: Phone: Email:			

Please allow 10 days for processing. Thank you!