

**Subcontract Request Form**

Complete all sections of the form to request a new or amended subcontract. Send form and all requested materials to the attention of your respective OSP Officer, Alumni Hall, Room 217 or P.O. Box 3999.

For guidance on subcontracts, see [http://www.gsu.edu/research/subcontracts\\_consultants.html](http://www.gsu.edu/research/subcontracts_consultants.html)

**SUBCONTRACT INFORMATION**

Subcontract is:	Sponsoring Agency:
<input type="checkbox"/> New	Agency Award Number:
<input type="checkbox"/> Amendment of:	GSU Project ID:
Project Title:	

**GSU PRINCIPAL INVESTIGATOR AND DEPARTMENT INFORMATION**

PI Name:	Email:	
PI Department:	Telephone:	PO Box:
Department Contact Person:	Email:	
Telephone:	PO Box:	

**SUBCONTRACT INFORMATION (attach documents as needed)**

<b>Subcontractor Contacts (Provide all information on Attachment 3B)</b>	<input type="checkbox"/> Attachment 3B provided <input type="checkbox"/> Previously submitted (no change)
<b>Subcontractor Scope of Work</b>	<input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted (no change)
<b>Subcontractor's Negotiated F&amp;A Rate Agreement</b>	<input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted (no change)
<b>Budget for Current Performance Period</b>	<input type="checkbox"/> Attached Amount for this agreement: \$
<b>Performance Period for this action</b>	Start Date: End Date: No Cost Extension: Yes <input type="checkbox"/> No <input type="checkbox"/> Carry forward of funds: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Cost Share</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, then amount: \$
<b>Billing Information</b>	<input type="checkbox"/> Cost Reimbursable <input type="checkbox"/> Fixed Price (Can only be used if prime award is fixed price, subject to prime award guidelines.)

**If the Subcontractor is a Foreign Entity supply the following information:**

Bank Name:	
Street Address:	City & Country:
Account #:	SWIFT Code:
Contact:	Beneficiary:

**Principal Investigator's Signature and Certification**

*I certify that I understand my responsibilities for monitoring this subcontract in accordance with University and agency policies and guidelines.*

**PI Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDITIONAL NOTES OR COMMENTS**

Attachment 3B  
Research Subaward Agreement

Subaward Number:

**Subrecipient Contacts**

Institution/Organization ("Subrecipient")

Name:

Address:

City:  State:  ZipCode + 4:

EIN No.:  Institution Type:  Reg. in CCR?  Yes  No

Performance Site Same Address as Above? DUNS No.:  Congressional District:  Congressional District:

Yes  No If No, complete Sect. C of Attachment 4A

Administrative Contact

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

Principal Investigator

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

Financial Contact

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email:

Authorized Official

Name:

Address:

City:  State:  ZipCode:

Telephone:  Fax:

Email: