

SUBAGREEMENT REQUEST

Information provided on this form will be used to create a binding agreement with subawardee.

If the subawardee was included in the original proposal to the funding agency and identified as a subcontractor/subrecipient or consultant, complete this form. If the subcontractor/subrecipient was not in the original proposal, sponsor prior approval is required. If the consultant was not named in the proposal, a Proof of Necessity (<http://www.uky.edu/Purchasing/forms/proofnec.pdf>) must be completed and forwarded to Purchasing for review and approval. Note that a rebudgeting request may be necessary if budget is insufficient.

If you have any questions, contact the Office of Sponsored Projects Administration Research Administrator 7-9420.

Sponsored Project Account Number: 30 _____

1. Subawardee Organization:	
2. Subawardee Programmatic Contact Name: Address: Phone: Fax: E-mail:	3. Subawardee Administrative Contact Name: Address: Phone: Fax: E-mail:
4. Effective Period of Subaward Dates may <u>not</u> exceed current effective dates of UK account. Start Date: End Date: Renewal of subaward anticipated? Yes No	5. Funding committed under the Subaward Amount of subaward for this period: \$ <i>Attach a detailed subaward budget and budget justification</i>
6. <i>Attach a scope of work, a detailed description of the project to be performed by the Subawardee.</i> Does the scope of work include Human Subjects? Yes No Does the scope of work include the use of Animals? Yes No	
7. Reporting and monitoring Explain how you will supervise or monitor the subawardee's performance and the reports that will be required. 	

Signature

Principal Investigator: _____ Date: _____

Forward the completed form and attachments to the Office of Sponsored Projects Administration, 109 Kinkead Hall, 0057. 257-9420.