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| **UCI PRIME AWARD INFORMATION** |
| Principal Investigator:       | Department:       |
| Administrative Contact:       | Financial Contact:       |
| Prime Sponsor:       | Prime Award Number:       |
| **SUBAWARD INFORMATION** |
| Subrecipient Principal Investigator:       | Subrecipient Institution:       |
| Subaward Number :       | Account & Fund:       |
| Subrecipient will perform research involving the following (check all applicable):[ ] Human Subjects [ ] Recombinant DNA [ ] Animal Subjects [ ] Stem Cells |
| **REQUESTED SUBAWARD ACTION**  |
| [ ]  Carry-forward (If carry-forward requires prime award agency approval)Carry-forward Amount: $     Carry-forward from budget period:       into budget period:       |
| [ ] No Cost Time ExtensionRevised End Date:        |
| [ ] Increase Funding by $      Cumulative Total Subaward Amount: $     Period of Performance:       Has Scope of Work or Budget has changed from original subaward agreement? Yes [ ]  No [ ]  If yes, please include revised documents  |
| [ ] \*Decrease Funding by $      Revised Total Subaward Amount: $      Period of Performance:       \*If checked, by signing below, I certify that expenses incurred/paid to subcontractor thus far do not exceed the decreased amount. |
| [ ] Other – Explain:       |
| **CONTINUING RISK ASSESSMENT** |
| Have any concerns been raised through review of financial or performance reports? Yes [ ]  No [ ]  N/A [ ] If cost-sharing in included, is it being met/reported as specified? Yes [ ]  No [ ]  N/A [ ] If participant support is included, is it being invoice correctly? Yes [ ]  No [ ]  N/A [ ] For Foreign and For-profit Subrecipients:Has the subrecipient’s overhead or other rates changed materially? Yes [ ]  No [ ]  N/A [ ]   |

**UCI Principal Investigator Verification:**

I have reviewed the subrecipient’s budget and believe that costs stated therein to be reasonable and appropriate for the work to be performed. I further certify that the subrecipient’s performance goals were met and that progress to date is satisfactory and in keeping with the statement of work.

Name:

Signature: Date: