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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 Extension  Revised 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: