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| **UCI PRIME AWARD INFORMATION** |
| Principal Investigator:       | Department:       |
| Administrative Contact:       | Financial Contact:       |
| Prime Sponsor:       | Prime Award Number:       |
| Prime Award Instrument: [ ]  Grant/Cooperative Agreement [ ]  Contract  |
| **SUBAWARD INFORMATION** |
| Subrecipient Principal Investigator:       | Subrecipient Institution:       |
| Account & Fund:       |  |
| Subrecipient will perform research involving the following (check all applicable):[ ] Human Subjects [ ] Recombinant DNA [ ] Animal Subjects [ ] Stem Cells |
| Period of Performance:       | Subaward Amount: $      |
| Has the Scope of Work or Budget for Subrecipient been revised? [ ] Yes [ ]  No If yes, please attach revised documents |
| Additional information:       |
| **SUBAWARD REPORTING REQUIREMENT** |
| [ ] Annual [ ] Semi-Annual [ ] Quarterly |
| **SUBAWARD SELECTION** |
| What was the basis for selection of the subrecipient?[ ] Competitive Solicitation[ ] \*Sole Source (based upon unique qualifications, facilities, equipment, know how, or integral part of a collaborative research team) \*If checked **AND** request is either for a “Subcontract” under a prime award Contract **OR** Subrecipient was not included in original proposal submitted to sponsor, complete the [Sole Source Justification Form](http://www.research.uci.edu/forms/docs/sp/sole-source-form.docx)) |
| **UCI / SUBAWARD RELATIONSHIP** |
| Will this subrecipient relationship result in an agreement between the University and (1) a current or former University employee or (2) a current employee’s [near relative](http://policy.ucop.edu/doc/3220485/BFB-BUS-43) (defined in [UC Business and Finance Bulletin 43](http://policy.ucop.edu/doc/3220485/BFB%20BUS-43)) or (3) an entity in which you or your near relative has a financial interest? [ ] Yes; if yes, complete the [Employee Vendor Relationship Disclosure Form](http://apps.adcom.uci.edu/cms/public/Purchasing/ContractServices/ConflictOFinterest.pdf)[ ] No |

**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.

Name:

Signature: Date: