Request to issue a Subaward or Multi-Campus Award (MCA)

SK FORM 800 Part B

REQUEST TO ISSUE A NEW SUBAWARD or MCA

Complete the information in this section for a new subaward/MCA. Do not use for amendments. Send completed form to subawards@research.ucsb.edu

1. General Information

UCSB Prime Sponsor: _____

Prime Award No.: _____ Record No.: _____

UCSB Principal Investigator Name: _____

Address: _____

Department: _____Telephone: _____ Email: _____

UCSB Administrative Department Contact Name: _____

Address: _____

Telephone: _____ Email: _____ Mail Code: _____

2. Subrecipient / Sister Campus (if MCA) Information

Subrecipient Institution / Sister Campus Name: _____

Subrecipient / Sister Campus PI Name: _____ Email: _____

Subrecipient / Sister Campus Signing Official / Point of Contact Name: _____

Address: _____

Telephone: _____ Email: _____

Subaward/MCA est. overall period of performance (start and end date): _____

Est. overall total subaward/MCA amount: $_____

This action budget period (start date and end date): _____

This action obligates funds in the amount of: $_____

Is the Subrecipient Institution / Sister Campus providing cost share? ☐Yes ☐No

If yes, please describe the type and enter an amount: _____

3. Required Deliverables/Reports

Specify annual required deliverables and due dates (if any): _____

Specify Final required deliverables: ☐Technical ☐Equipment ☐Patent ☐Financial

The Subaward Officer will automatically assign reports to match the Prime Award, due a standard 60 days after the end date. If special reporting is required, please specify: _____

4. Terms and Conditions / Other Restrictions or Information

The Subaward Officer will automatically flow-down any terms and conditions that are in the Prime Award. If additional restrictions should be included or there are other details that the Subaward Officer needs to be aware of, please describe below.

5. PI Verification

I have reviewed the Subrecipient's / Sister Campus' budget and believe all costs stated therein to be reasonable and appropriate for the work to be performed in Subrecipient's / Sister Campus' statement of work. I approve for a subaward/MCA to be issued under my prime award.

_____ _____

Signature of Principal Investigator or Authorized Representative Date

Request to Modify a Subaward or Multi-Campus Award (MCA)

SK FORM 800 Part B

REQUEST FOR AN AMENDMENT TO AN EXISTING SUBAWARD or MCA

Complete only this section for an amendment. Please forward this completed form with backup documentation to SPO at subawards@research.ucsb.edu

Amendments

Mod No. _____

UCSB PI Name: _____ KK / MCA No.: _____ Gateway PO No. _____

Please select only the option(s) that apply below.

☐ New End Date: _____

☐ Increase Funding by: $_____ to a new total of: $ _____

☐ Other – Please explain:

Are there any administrative changes the Subaward Officer should be aware of? If yes, please enter the details below.

PI Verification

In the event this action represents an increment, continuation, or no cost extension, I am satisfied with the programmatic progress of the Subrecipient / Sister Campus. I certify that the Subrecipient's performance goals have been achieved. **If the Subrecipient's / Sister Campus' performance goals are NOT being achieved, please do not sign or submit and instead notify the Subaward Team at *subawards@research.ucsb.edu*.**

_____ _____

Signature of Principal Investigator or Authorized Representative Date