OSP-3

REQUEST TO DRAFT SUBAWARD
OFFICE OF SPONSORED PROGRAMS
subs@lsu.edu Phone: 578-2760

LSU

Complete the information below and email completed form and attachments as a pdf to subs@lsu.edu or return original to OSP, 202 Himes Hall

Today's Date:	GeauxGrants Proposal #	Workday Award # (AWD or AWDC)	Workday Subaward Grant Line (GR or GRC)

Lead Principal Investigator (PI):	**PI E-mail :**		
Cost Center (CC00XXXX):	**PI Phone:**		
Contact (if other than PI):	**E-mail :**	**Phone:**	

A. SUBRECIPIENT INFORMATION

Name of Subrecipient:					
Business Contact Name:		**Email:**		**Phone:**	
PI Contact Name:		**Email:**		**Phone:**	

B. SUBAWARD INFORMATION

Total Period of Performance:	to	**Initial Period of Performance:**	to
Total Estimated Cost:	$	**Amount Obligated:**	$
Total Cost Sharing:	$	**Obligated Cost Sharing:**	$

Deliverables/Reporting Requirements: At a minimum, the reporting requirements of the prime will be used for the subaward. Specify deliverables, tangible products or additional reporting requirements:

Are there any specific deliverables, tangible products or additional reports required by Subrecipient?	☐ Yes, Specify above or on separate attachment	☐ No

C. CHECK LIST

Please attach a copy of the following:

- ☐ Subaward **Scope of Work** (*only* if not clearly identified in the proposal) Subaward
- ☐ **Budget** (*only* if not included in the proposal)
- ☐ Subaward **Milestones and/or Payment Schedule** (*only* if subaward is fixed price)

NOTE: OSP will send the electronic version of the subaward to the LSU Principal Investigator in GeauxGrants for review and approval.

Provide any notes to assist OSP in preparing the subaward:

By signing below, I certify that I have read the following statements and further certify that they are accurate and truthful to the best of my knowledge and belief:

- The proposed relationship has been reviewed and a determination has been made that the relationship involves a third party to perform a substantive portion of the project, does not constitute a purchased service, and that the most appropriate agreement type is a subaward.
- The project or relationship with this subrecipient **(PI must initial)** _____ does or does not _____ present an existing or potential for conflict of interest or the appearance of a conflict of interest in accordance with University policy and/or State and Federal Regulations.
- PI **(PI must initial)** _____ has or has no _____ concerns with the subrecipient and subrecipient personnel. (Concerns should be noted in Notes section above.)
- Funding is available for this subaward and is an allowable cost under the terms and conditions of the Prime Award.
- The Subrecipient's proposed costs and activities have been reviewed by the PI and are considered allowable and reasonable for the technical effort proposed by the subrecipient.
- The information listed on this form is accurate.

As Principal Investigator, I also acknowledge and accept the responsibility of monitoring the programmatic and financial performance, receiving and reviewing copies of all required financial and performance reports and the overall progress, of the subrecipient under the requested subaward during the life of the agreement.

Signature of Principal Investigator_____ Date_____