1. GoldSheet #:  

2. Type of Account Requested:
   - [ ] Parent
   - [ ] Child of parent account #:

3. Sponsor name:

4. Is the sponsor a federal agency?
   - [ ] Yes
   - [ ] No
   If no, are any of the sponsor's funds for this project received from a federal agency?
   - [ ] Yes
   - [ ] No

5. Contact person at sponsor listed in Box 3 above:
   - Name:
   - Phone:
   - Email:

6. Anticipated award amount:

7. Anticipated award approval date:

8. Anticipated award start date:

9. ISU account number to assume charges should funding not be awarded:
   - Note: This account cannot be a federal, federal flow-thru or fee-for-service (202) account. In the event that this project is not awarded the account reflected could be utilized to cover the expenditures and encumbrances. SPA will contact the department to confirm the usage of the account listed on this form prior to the transfer of the expenditures.

10. Please attach documentation that indicates funding is forthcoming and confirms the intended start date of the project.

**APPROVED:**

**Principal Investigator**

Name:

Signature: ____________________________ Date: __________

**Lead Org Department**

Name of Authorizer:

Signature: ____________________________ Date: __________

**Lead RRC/Org Unit**

Name of Authorizer:

Signature: ____________________________ Date: __________

**OSPA/OIPTT**

Name of Authorizer:

Signature: ____________________________ Date: __________

Submit completed form to:
OSPA: ospa-awards@iastate.edu OR 1138 Pearson Hall
OIPPT: industry-contracts@iastate.edu OR 1805 Collaboration Place, Suite 2100
OSPA/OIPTT SUBRECIPIENT REQUEST FORM (revised 01/11/2018)

This form is required before a Subrecipient Agreement can be prepared by OSPA/OIPTT. It should be completed and submitted to OSPA or OIPTT by the ISU Principal Investigator (PI). Please attach the following information:

- □ Subrecipient’s Statement of Work (include tasks and detailed timeline/schedule).
- □ Subrecipient’s itemized budget or fixed price milestone/deliverable schedule.
- □ Copy of any RFQ issued for Subrecipient selection if one was generated by ISU Purchasing or the PI’s department or college.

Section 1: ISU Award/Contract Information

<table>
<thead>
<tr>
<th>ISU Sponsor:</th>
<th>Sponsor Award No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Title:</td>
<td></td>
</tr>
<tr>
<td>PI:</td>
<td></td>
</tr>
<tr>
<td>Goldsheet ID:</td>
<td>Account No.:</td>
</tr>
</tbody>
</table>

Project Period of Performance: ________ to ________

Lead Unit:

PI Phone: Admin Phone:

PI Email: Admin Email:

Section 2: Subrecipient Information

Subrecipient Legal Name:

Is Subrecipient a Foreign Entity? Yes □ No □

If yes, Country: ______________

Does any ISU employee have a management role or significant financial interest in the Subrecipient? Yes □ No □

Funding Information

If the prime sponsor allows, do you wish to incrementally fund this Subrecipient? Yes □ No □

Subrecipient period of performance

From ________ To ________

Subrecipient funding to be provided

$ ________ To ________

$ ________

Will Subrecipient provide cost share? Yes □ No □

Is cost share included in Subrecipient budget? Yes □ No □

Personnel

Subrecipient PI

Name: __________________ Phone: __________________ Email: __________________

Subrecipient Authorized Official

Name: __________________ Phone: __________________ Email: __________________

Section 3: Cost Reasonableness

How did the ISU PI determine the reasonableness of the Subrecipient’s proposed costs? (Check all that apply)

□ Past experience with this Subrecipient and its costs

□ Knowledge of reasonable costs for this type of work

□ Performed a comparison of costs with other potential subrecipients

□ Other

Additional information related to cost and pricing will be required for subrecipient agreements under federal contract prime awards made to ISU. This additional documentation is required to comply with the Federal Acquisition Regulation (FAR), which governs federal contracts and applies to subrecipient agreements under such contracts. OSPA/OIPTT will provide an additional cost and pricing documentation checklist for your use. This cost and pricing checklist should be completed and documentation attached when you submit this Subrecipient Request Form.

Section 4: Research Compliance

□ Yes □ No Will Human Subjects be involved in the Subrecipient’s portion of the project?

□ Yes □ No Will vertebrate animals be involved in the Subrecipient’s portion of the project?

□ Yes □ No Will Recombinant DNA, Human, Plant, or Animal Pathogens or Biological Toxins be involved in the Subrecipient’s portion of the project?

Questions? Contact OSPA at 515-294-5225 / ospa-awards@iastate.edu or OIPTT at 515-294-4740/ industry-contracts@iastate.edu
Section 5: Progress Reports and Deliverables to be submitted by Subrecipient (Check all that apply)

Some form of technical progress reporting is required:

☐ Final technical/progress report required within ☐ 30 ☐ 60 days after the end of the period of performance
☐ Monthly technical/progress reports required within ☐ 15 ☐ 30 days following the end of each month
☐ Quarterly technical/progress reports required within 30 days following the end of each calendar / project quarter
☐ Annual technical/progress reports required ☐ 30 ☐ 60 days prior to the end of each calendar / project year
☐ Other Reports (please explain)
☐ Deliverables other than reports (describe)

I understand and agree that I am responsible for documenting receipt, approval, and retention of all technical/progress reports and other deliverables required from the Subrecipient. I understand and agree that I am responsible for reviewing and ensuring that Subrecipient invoices are commensurate with the work performed by the Subrecipient.

Section 6: Export Control (Please answer the questions below)

1. Yes ☐ No ☐ Will any military-related equipment, technology or information be provided to the subrecipient entity by the PI/ research team? (If yes, please provide more information on what will be provided):

2. Yes ☐ No ☐ Will any equipment, technology or information be provided to a foreign national or shipped/delivered to a location outside of the U.S.? (If yes, please provide more information on what will be provided):

3. Yes ☐ No ☐ Will any funds be given or provided to an entity in Cuba, Iran, North Korea, Region of Crimea, Sudan, or Syria? (If yes, please provide more information on the entity and its location):

Section 7: Conflict of Interest and Commitment

The ISU PI attests to the following related to this Subrecipient Agreement: (Check all that apply)

☐ The ISU PI has no financial management or ownership interest in the Subrecipient.
☐ No immediate family member of the ISU PI has a financial, management, or ownership interest in this Subrecipient.
☐ The ISU PI is not a member of a partnership or limited liability company that has a financial, management, or ownership interest in the Subrecipient.

If the ISU PI and/or his or her immediate family members have a financial, management or ownership interest in the Subrecipient, or if the ISU PI is a member of a partnership or limited liability company with a financial, management, or ownership interest in the Subrecipient, a relevant Conflict of Interest Management Plan must be in place with the Vice President for Research office and must specifically permit Subrecipient Agreements from ISU to the Subrecipient. If a plan needs to be developed or amended, please contact coi@iastate.edu to begin the process. For more information about ISU’s Conflict of Interest and Commitment policy and process please see http://policy.iastate.edu/policy/conflict/.

Section 8: Principal Investigator Attestation and Signature

By signing below, I, the Principal Investigator, attest that the information submitted on this form and in any attachments is true, complete and accurate to the best of my knowledge.

ISU PI Signature: ___________________________ Date: _____________

Typed name:__________________________

ISU PI signature is required due to audit compliance requirements; OSPA/OIPTT cannot accept this document without the ISU PI signature on the form.

Questions? Contact OSPA at 515-294-5225 / ospa-awards@iastate.edu or OIPTT at 515-294-4740 / industry-contracts@iastate.edu
IOWA STATE UNIVERSITY
Office of Sponsored Programs Administration

No-Cost Extension Request

PI Name: *

ISU Account #: *

Requested Revised Expiration Date: *

Justification for No-Cost Extension: 1200 characters maximum *

Will this no-cost extension change the scope of work of the project? *  ○ Yes  ○ No

Anticipated unspent funds at CURRENT expiration date (in whole dollars): *

Plan for use of unspent funds during the no-cost extension period: *
Other relevant information:

Completed by: *

* Indicates required fields.

Enter email address if email confirmation and copy of request is desired.

CAPTCHA

This question is for testing whether or not you are a human visitor and to prevent automated spam submissions.

I'm not a robot

Submit

OSPA, 1138 Pearson Hall, 505 Morrill Road, Ames, IA 50011-2103
Phone (515) 294-5225, grants@iastate.edu