

**OSPA/OIPTT SUBRECIPIENT REQUEST FORM** (revised 11/9/2016)

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:

**OSPA - OIPTT Use Only**

Date of Receipt: \_\_\_\_\_

Award Administrator: \_\_\_\_\_

- ☐ 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**

ISU Sponsor: \_\_\_\_\_ Sponsor Award No.: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
PI: \_\_\_\_\_ Goldsheet ID: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Project Period of Performance: \_\_\_\_\_ to \_\_\_\_\_ Total Funds Awarded to ISU: \$ \_\_\_\_\_  
Lead Unit: \_\_\_\_\_ Admin Contact: \_\_\_\_\_  
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: \_\_\_\_\_

**Funding Information**

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

	<u>All Years</u>		<u>First Increment (if applicable)</u>	
Subrecipient period of performance	From	To	From	To
Subrecipient funding to be provided	\$	_____	\$	_____

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?

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### 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](mailto: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.