**SUBAWARD REQUEST FORM**

**OFFICE OF SPONSORED PROJECTS, MAIN & BRANCH CAMPUSES**

**PLEASE TYPE OR PRINT LEGIBLY, Obtain PI Signature, then**

**Route to your Fiscal Monitor in Contract & Grant Accounting, Main Campus**

**New Subaward Request *--* complete Sections I, II, IV & V, attached Subawardee’s Statement of Work, Budget, & Budget Justification**

**Modification** # \_\_\_ ***--* Please complete Sections I, III, IV & V *(if contacts have changed)***

**Section I. General Subaward Information** (Required for all requests)

**Legal name of Subawardee:** **DUNS #: \_\_\_\_\_\_\_\_\_\_**

**Name of PI at Subawardee Institution: \_\_\_\_\_\_**

**Index Code:       Account Code:** (leave blank if new subaward) **Cayuse SP Project Number: A\_\_\_\_\_\_\_\_**

**Banner Grant #:** (assigned by Contract and Grant Accounting)

**Name of UNM’s Principal Investigator:**

**Requesting Unit:**  (UNM Dept, School, College, Branch, Center, etc)

**Unit Contact Person:       Email:       Phone: \_\_\_\_\_\_**

**Prime Award from:** (Name of Sponsor) **Prime Award #:** (Sponsor’s contract or grant number)

**Project Title: \_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Section II. Information Required for Issuing a New Subaward**  **If Subawardee is not listed in Cayuse, please request a New Supplier (Vendor add/change form) via LoboMart prior to routing this form.**  **1. Amount of Subaward** $      ***(attach budget & budget justification)***  **2. Period of Performance**       ***through* \_\_\_\_\_\_**  ***(attach Statement of Work)***  **3. The Subaward Agreement will be directed to the Administrative Contact unless otherwise specified here:**       (name) and       (email address)  **4. Type of Business**:  For-Profit Corporation  Not-for- Profit Corporation  University  Other, Specify    **5. Federal Tax ID #**: **\_\_\_\_\_\_**  **6. Banner ID \_\_\_\_\_\_** |  | **Section III. Information for Issuing a Modification to an Existing Subaward *(check all that apply)***  **Increase funds by** **$** **for a new total of $\_\_\_\_\_\_\_**  **If there is carryforward from previous years, carryforward box below must be checked.**  ***(If funding differs from original, attach budget & budget justification)***  **Decrease funds by $**      **for a new total of $\_\_\_\_\_\_**  ***(attach revised budget & budget justification)***  **Extend Period of Performance through \_\_\_\_\_\_**        *(mm/dd/yyyy)*  Terminate the agreement on *(mm/dd/yyyy)*  Other changes, please specify: **\_\_\_\_\_\_**  Carryforward in the amount of $ from Yr to Yr  ***(attach Subaward Carryover Request Form)*** [***http://osp.unm.edu/osp-forms***](http://osp.unm.edu/osp-forms) |

**Section IV**: **Signature Block** ***(Required)***

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator (or Responsible Party)

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Monitor, C&GA, Main Campus

UG Audit / Form 1A:  On File  Needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CGAO Supervisor/Manager

**Section V: Contact Information *(Required for new Subawards or if contact information has changed)***

|  |  |
| --- | --- |
| **Essential Information Needed for Preparing and Processing Subaward Agreements** | |
| **UNM’s Principal Investigator**  Name: Click or tap here to enter text.  Department: Click or tap here to enter text.  Address: Click or tap here to enter text.  Click or tap here to enter text.,           (zip + four)  Telephone: Click or tap here to enter text.  Fax: Click or tap here to enter text.  Email: Click or tap here to enter text. | **Subrecipient’s Principal Investigator**  Name: Click or tap here to enter text.  Department: Click or tap here to enter text.  Address: Click or tap here to enter text.  Click or tap here to enter text.,           (zip + four)  Telephone: Click or tap here to enter text.  Fax: Click or tap here to enter text.  Email: Click or tap here to enter text. |
| **UNM Department Contact (if not the PI)**  Name: Click or tap here to enter text.  Department: Click or tap here to enter text.  Address: Click or tap here to enter text.  Click or tap here to enter text.,           (zip + four)  Telephone: Click or tap here to enter text.  Fax: Click or tap here to enter text.  Email: Click or tap here to enter text. | **Admin Contact at Subrecipient’s Institution**  Name: Click or tap here to enter text.  Department: Click or tap here to enter text.  Address: Click or tap here to enter text.  Click or tap here to enter text.,           (zip + four)  Telephone: Click or tap here to enter text.  Fax: Click or tap here to enter text.  Email: Click or tap here to enter text. |

Please contact the Office of Sponsored Projects, Main & Branches (Pre-Award Services) if you have questions or concerns regarding the issuance or modification of this subaward agreement: (505) 277-4186 or [osp@unm.edu](mailto:subawards@unm.edu).