



Subaward Checklist

RF Oracle Project/Award Number: _____

Subaward Risk Level: High Medium Low

SUBRECIPIENT INSTITUTION:

Legal Name: _____ DUNS Number: _____

Full Street Address: _____

Principal Investigator: _____

Administrative Contact (name, phone and email address): _____

Prime Sponsor: _____

Title of Project: _____

Subaward Start Date: _____ End Date: _____ Anticipated End date (If incrementally funded): _____

Total Subaward Amount (Direct and Indirect): Indirect Rate _____ % **Base:** MTDC TDC S&W Other _____

Total Subaward Amount: \$ _____ (If incrementally Funded) Multi Year Anticipated Total: \$ _____

Invoicing and Reporting Requirement's:

Type of Subaward/Payments:

- Cost Reimbursable: Subrecipient will submit invoices on a (monthly, quarterly, other: _____) basis for actual cost incurred
- Fixed Price: Subrecipient will submit fixed price invoices based upon a milestone/payment schedule that is attached here.
- Hybrid Invoicing: Subrecipient will submit fixed price invoices based upon a millstone/payment schedule attached, with a final invoice showing actual costs, with the expectation that any unused funds be returned to the RF.

Campus contact for invoice submission: _____

Subrecipient Reporting Requirements:

Type of Report (Financial, Progress, Technical, other)	Frequency (Due date, monthly, quarterly, final, other)

This request confirms that the Subrecipient has been properly vetted by the Campus and the requirements of the Research Foundation's Subrecipient Monitoring and Management Policy and procedures, as applicable, have been met ([See Subaward Monitoring and Management guidance on the RF Website](#)).

By completing and submitting this Subaward Checklist I hereby authorize RF Central Office to negotiate and enter into a formal subcontract with the Subrecipient institution above.

AUTHORIZED CAMPUS SPONSORED PROGRAMS OFFICIAL:

Name/Title

Date

Documents Attached: Scope of Work Budget Milestone/Payment Schedule Other: _____

The Research Foundation for The State University of New York

Subaward Checklist (Continued)

All costs must be reasonable, allowable and allocable in accordance with federal regulations and/or prime sponsor policy.

This subaward contains the following Special Terms & Conditions:

Cost Share: Will the Subrecipient be Cost Sharing a portion of this subaward? Yes No

First Year Cost Share Amount: \$_____	Total Cost Share Amount (If incrementally funded): \$_____
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(NIH Only) Multiple PIs (MPI) – If the Federal Award included MPI’s

- This is not an MPI award
- This is an MPI award. Both parties will follow the finalized MPI Leadership Plan as applicable.

Automatic Carry Forward is authorized for the Subrecipient: Yes No

Subrecipient activities will involve the following:

- Human Research Subjects
- Human Subjects Data
- Data Sharing
- Animal Subjects
- Recombinant DNA
- Stem Cells
- Export Controls
- Other: _____

Additional Terms to note: