



**GEORGETOWN UNIVERSITY
REQUEST TO ISSUE A SUBAWARD/SUBCONTRACT**

THIS FORM IS REQUIRED TO BE COMPLETED WHEN SUBCONTRACTING WORK TO ANOTHER INSTITUTION USING AWD/GR (SPONSORED RESEARCH) FUNDS. PLEASE COMPLETE THE ITEMS BELOW AND RETURN TO SPONSOREDPROGRAMS@GEORGETOWN.EDU.

1. GENERAL INFORMATION

Georgetown Principal Investigator: _____

Georgetown Department: _____

Name of Individual to contact regarding this request (if different from PI): _____

Phone: _____ E-mail Address: _____

Georgetown AWD and GR Numbers: _____

Name of Subrecipient Institution: _____

Name of Subrecipient Principal Investigator: _____

Amount of subaward/subcontract to be issued: _____

Period of Performance of subaward/subcontract to be issued: _____

Please note that the Period of Performance cannot extend beyond Georgetown's current year of funding for the contract in question.

BUDGET and STATEMENT OF WORK FOR THE SUBAWARD/SUBCONTRACT MUST ACCOMPANY THE REQUEST. STATEMENT OF WORK SHOULD INCLUDE VERIFIABLE DELIVERABLES.

2. BUDGET INFORMATION

It is the Principal Investigator's responsibility to review the subaward/subcontract budget for reasonable terms and allocability to the proposed statement of work. (Contact sponsoredprograms@georgetown.edu if you need assistance with making this determination)

In your estimation, have you determined that the subaward/subcontract costs within the subaward/subcontract budget are reasonable and allocable to the attached statement of work?

3. OTHER INFORMATION

Please attach any information which you feel will be useful in preparing the subaward/subcontract; *i.e., unusual reporting requirements or due dates* you wish to have set forth in the subaward/subcontract.

4. APPROVAL

A signature is NOT required when sending electronic versions, provided that the Principal Investigator sends or is copied on the e-mail.

Principal Investigator Approval:

Signature

Date

FOR OFFICE OF RESEARCH SERVICES USE

Subrecipient Business Official Name and Title: _____

Business Official's Address: _____

Phone: _____ Email: _____

Checks Shall Be Made Payable To: _____

Payment Shall Be Sent To (Address): _____

DUNS _____ Supplier Number: _____

Date Request Received _____

Initials _____