

**SUBCONTRACT INFORMATION FORM**

GRANT ACCOUNT INFORMATION

<b>UMKC Principal Investigator:</b>	<b>PeopleSoft Project Number:</b>
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SUBCONTRACTOR INFORMATION

**Official name and address of organization UMKC will be subcontracting with:**

*Federal ID (if known):*

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<b>Authorized Official who will be signing the subcontract &amp; official's title:</b>	<b>Phone number:</b>
	<b>E-mail address:</b>

<b>Subcontractor's point of contact:</b>	<b>Phone number:</b>
	<b>E-mail address:</b>

SUBCONTRACT INFORMATION

<b>Time period:</b> (must be within budget period of Prime Award)	<b>Subcontract amount:</b>	
<b>Progress reports required:</b> _____ Yes _____ No <i>Progress reports due:</i> _____ Monthly _____ Quarterly _____ Annual _____ Final	<b>Human Subjects: *</b> _____ Yes _____ No	<b>Animals/IACUC: *</b> _____ Yes _____ No
	<b>Recombinant DNA/biohazard:</b> _____ Yes _____ No	<b>Radiactivity*/RPs:</b> _____ Yes _____ No <small>*Site IRB/Animal approval documentation required.</small>

**Key personnel:** *(Subcontractor cannot replace this person without UMKC approval)*

**Purpose:** *Please complete the following statement.*

*The purpose of this subcontract is to have the subcontractor assist the University in*

**Statement of work:** *Please be very specific. This should state exactly what the subcontractor is supposed to do. Attach separate page if necessary.*

**Budget:** *Should be in the format that the subcontractor will use to report expenses. Attach separate page.*

**If Prime Award allows rebudgeting, would you like to flow down rebudgeting privileges without UMKC prior approval?**  
 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable

**PI Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_ **ORS Fiscal Review** *(To be completed by ORS accountant)* **Dept:** \_\_\_\_\_ **FO:** \_\_\_\_\_