

SUBCONTRACT INFORMATION FORM

GRANT ACCOUNT INFORMATION

UMKC Principal Investigator:	PeopleSoft Project Number:
-------------------------------------	-----------------------------------

SUBCONTRACTOR INFORMATION

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

Federal ID (if known):

Authorized Official who will be signing the subcontract & official's title:	Phone number:
	E-mail address:

Subcontractor's point of contact:	Phone number:
	E-mail address:

SUBCONTRACT INFORMATION

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