



FDP Agreement Request Form
Office of the Vice President for Research
Sponsored Program Services, Ext. 4040

Complete all sections of this form and obtain all necessary signatures. Attach the completed form and required attachments to your Purchase Requisition (PR) or Change Order Request (COR) in HuskyBuy.

Action: [ ] New FDP Request/Competitive Renewal
[ ] FDP Amendment/Supplement - PR #: \_\_\_\_\_

InfoEd Log #: \_\_\_\_\_

Subrecipient: \_\_\_\_\_ Subrecipient PI: \_\_\_\_\_

Amount Funded This Action: \$ \_\_\_\_\_

Subaward Period of Performance: Start: \_\_\_\_\_ End: \_\_\_\_\_

Agreement Type: [x] Cost Reimbursement [ ] Fixed Price
(Default is Cost Reimbursement; check Fixed Price, if applicable.)

Allow Subrecipient Carryforward: [x] Yes [ ] No (Default is Yes; check No, if applicable.)

For New FDP Request/Competitive Renewal only:

Will there be incremental funding? [ ] Yes [ ] No Incrementally Estimated Total: \$ \_\_\_\_\_

Estimated Project Period: Start: \_\_\_\_\_ End: \_\_\_\_\_

For Subrecipients involved with Human Subjects:

Human Subjects Data: [ ] Not Applicable [ ] Applicable

If applicable, human subjects data will be exchanged under this Agreement (check all that apply):

[ ] From Subrecipient to UConn Health [ ] From UConn Health to Subrecipient

UConn Health PI will set forth the terms of the exchange of human subjects data (select one):

[ ] Via a separate Data Use Agreement [ ] To be defined in the Additional Terms section

Required Attachments:

- [ ] Subrecipient Budget
[ ] Subrecipient Budget Justification
[ ] Subrecipient Scope of Work
[ ] Consortium Statement

Omission of any required attachments may result in a delay in processing your request.

Notes/Special Instructions:

My signature below confirms that I have reviewed and approved the information on this form and any supporting documents:

Dept. Administrator Name Signature Date

Principal Investigator Name Signature Date