

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 – Latest Subaward Agreement #: \_\_\_\_\_

Type of Amendment:  Approval of Carryforward  Reduction in funding  
 Continuation Year \_\_\_\_\_ Funding  Additional/Supplemental funding  
 No Cost Extension  Other: \_\_\_\_\_

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

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

Subrecipient Administrative Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Amount Funded This Action: \$ \_\_\_\_\_ Subaward Period of Performance: Start: \_\_\_\_\_ End: \_\_\_\_\_

Agreement Type:  Cost Reimbursement  Fixed Price

(Default is **Cost Reimbursement**; check **Fixed Price**, if applicable. Prior approval may be required for Fixed Price.)

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

### For New FDP Request/Competitive Renewal only:

Will there be incremental funding? (Future funding)  Yes  No

Incrementally Estimated Total: \$ \_\_\_\_\_ Estimated Project Period: Start: \_\_\_\_\_ End: \_\_\_\_\_

### For Projects involving Human Subjects/Human Subjects Data:

To be completed by, or in consultation with, Principal Investigator (PI)

Will this project, as a whole (including subawards), involve human subjects or the exchange of human subjects data (e.g., patient/subject data)? [If Yes, please answer questions below, and use the Determination Guide: [Data Use Agreements for Projects with Subrecipients.](#)]  Yes  No

1. Will the information, whether oral or recorded in any form or medium, be created by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse?  Yes  No
2. Will the Human Subjects Data include any of the [18 categories](#) that could be used to identify the individual or the individual's relatives, employers, or household members?  Yes  No
3. Will an IRB-approved HIPAA Authorization form (or Authorization waiver) be collected by a covered entity/business associate?  Yes  No
4. Will you be working with a Limited Data Set? (Will the Human Subjects Data include any of the [16 categories](#) of direct identifiers?  Yes  No

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 of the FDP Subaward Agreement  
 No additional terms nor Data Use Agreement needed
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**Required Attachments:**

- Subrecipient Budget  
 Subrecipient Budget Justification  
 Subrecipient Scope of Work  
 *Information and Compliance Form for Subrecipients* (Consortium Statement)

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

**Notes/Special Instructions:**

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**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