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UCONN HEALTH

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 – Latest Subaward Agreement #: _____

Type of Amendment:
- ☐ Approval of Carryforward
- ☐ Continuation Year ____ Funding
- ☐ No Cost Extension
- ☐ Reduction in funding
- ☐ Additional/Supplemental funding
- ☐ 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:

Incrementally Estimated Total: $ _____ Estimated Project Period: Start: _____ End: _____
(*For entire Project Period*)

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

If No, proceed to page 2.

1. Will the information, whether oral or recorded in any form or medium, be created or collected 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 exclude all of the 18 categories that could be used to identify the individual or the individual's relatives, employers, or household members? If Yes, data is de-identified; skip to next section. ☐ Yes ☐ No
3. Will an IRB-approved HIPAA Authorization (or Waiver of HIPAA Authorization) and/or Informed Consent form be collected by a covered entity/business associate? If Yes, skip to next section. ☐ Yes ☐ No
4. Will you be working with a Limited Data Set? (Will the Human Subjects Data exclude all 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

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Required Attachments:

- ☐ Subrecipient Budget
- ☐ Subrecipient Budget Justification
- ☐ Subrecipient Scope of Work
- ☐ Subrecipient IRB and/or IACUC approval (if applicable)
- ☐ *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:

_____
_____
_____
_____
_____

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

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