



# Subaward/Project 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 Subaward Request  New Storrs Project Agreement Request

Amendment – Latest Subaward/Project 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 Subaward 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 (for both FDP Subawards and Storrs Project Agreements):**

- 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:**

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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