



Boston College
OFFICE FOR SPONSORED PROGRAMS

DEPARTMENTAL SUBAWARD INITIATION REQUEST FORM

SECTION I: FUNDS REQUESTED/PERIOD OF PERFORMANCE/BACK-UP DOCUMENTATION

Project Number: _____ Subaward No. (TBD by OSP): _____ OSP Rep. _____

SUBRECIPIENT Full Legal Name (no abbreviations): _____

Project Title: _____

Amount obligated (this action): \$ _____ Total Cost (if fully funded): \$ _____

Period of Performance: START date _____ END date: _____

ATTACHMENTS TO BE PROVIDED:

Check all that apply to this Subaward. Signature of the SUBRECIPIENT'S AUTHORIZED OFFICIAL must accompany these attachments or any additional documents to follow.

- a) ☐ *Current Statement of Work*
- b) ☐ *Current Budget* (matches anticipated funding and is broken out basic DIRECT and INDIRECT cost categories)
- c) ☐ *Budget Justification*
- d) ☐ *Equipment* justification included in Subrecipient budget costing \$5,000 or more for individual item
- e) ☐ *Federally Approved F&A Rate Agreement* (if applied to the attached SUBRECIPIENT budget) OR other basis for IDC rates (if not previously provided or if changed)
- f) ☐ *Cost Sharing Obligation* (if applicable) Amount committed \$ _____
- g) ☐ *IRB Approval Letter*, if not provided at proposal stage
- h) ☐ *IACUC Approval Letter*, if not provided at proposal stage
- i) ☐ *Export Control Information* Identified (if shared or produced by SUBRECIPIENT)

SECTION II: SUBRECIPIENT Contact Information

A. Administrative Point of Contact: _____

B. Administrative Mailing Address: _____

Phone: _____ Email: _____

C. SUBRECIPIENT Principal Investigator Name: _____

Phone: _____ Email: _____

SECTION III: BC Contact Information

A. BC Administering Department: _____

B. Dept. Business Contact Name: _____

Phone: _____ Email: _____

C. BC's Lead Investigator Name: _____

Phone: _____ Email: _____

SECTION IV: REPORTING REQUIREMENTS

*Technical:	Progress	Due Dates: _____
	Annual	Due Dates: _____
	Final	Due Date: _____

*Reports are normally required 30-45 days prior to your submission date

NOTE: Provide an explanation of any “unique” requirements to be incorporated into this Subaward Agreement in addition to the “flow down” terms from the Prime Award.

SECTION V: BUDGET INFORMATION FOR PI APPROVAL

(Check each item below to indicate Principal Investigator’s review and approval of SUBRECIPIENT’S proposed budget for reasonableness, allowability, and allocability of the proposed scope of work.)

___ **SALARIES/LEVEL OF EFFORT** – Salaries and level of effort have been reviewed and appear to be reasonable given the proposed scope of work.

___ **EQUIPMENT** - Equipment has been reviewed and appears to be reasonable and necessary given the proposed scope of work.

___ **TRAVEL** - Travel has been reviewed and appears to be reasonable and necessary given the proposed scope of work.

___ **SUBCONTRACTS** - Subcontracting for external research or other services appear reasonable and necessary given the proposed scope of work.

___ **MATERIALS & SUPPLIES** - Materials and supplies have been reviewed and appear reasonable given the proposed scope of work.

___ **MISCELLANEOUS DIRECT COSTS** - All other direct costs have been reviewed and appear reasonable and necessary

SECTION VI: SOLE/SINGLE SOURCE (COMPLETE ONLY IF PRIME AWARD FROM SPONSOR TO BC IS A *CONTRACT*)*

___ SUBRECIPIENT selected without seeking competitive bids: (Attach sheet) Justify your selection of this provider based on expertise, location, unique facilities, cost, etc.

___ SUBRECIPIENT selected using competitive bids: (Attach sheet to include the following): 1) Name and address of each subcontractor submitting a bid 2) Total Cost proposed by each bidder 3) Reason for selection of current Subcontractor.)

* *Please use Purchasing’s Sole Source Request Form*

SECTION VII: PRINCIPAL INVESTIGATOR/AUTHORIZED DESIGNEE APPROVAL:

I have reviewed the technical and cost proposals for this SUBRECIPIENT and based upon my professional experience and analysis of costs or prices proposed, find them to be appropriate, fair, and reasonable for the work to be done.

Signature _____ Date _____