



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: _____

