

PI REQUEST TO INITIATE A SUBAWARD



**OFFICE OF
SPONSORED PROGRAMS
COLORADO STATE UNIVERSITY**

**TO BE COMPLETED AND SIGNED BY THE CSU
PROJECT PRINCIPAL INVESTIGATOR**

Account Number: 53			
CSU Principal Investigator:			
Department Name:			
Dept. #:	Phone:	Email:	

Subrecipient Institution	
Foreign:	Yes No
Subrecipient Principal Investigator	
Subrecipient PI Email Address:	

1. Were this subrecipient's Scope of Work and Budget included in your proposal?	Yes	No*
*If No, please attach the sub's Scope of Work, Budget & Budget Justification to this form, and also have a department official sign this form.		
2. Requested Period of Performance:	Start Date:	End Date:
3. Amount of Subaward: \$		
The Subrecipient's proposed costs have been reviewed and are reasonable for the technical effort proposed.		
4. Subrecipient Technical (progress) Reporting Requirements: Subrecipient reporting deadlines will be set 30 days prior to CSU reporting deadlines <i>unless otherwise specified below</i> .		

5. Conflict of Interest Certification: Does the PI or the PI's spouse or any dependent of the PI have a financial interest in this subrecipient organization?	Yes*	No
*If yes: By signing I certify that I have provided a complete disclosure of this matter as instructed by current University policy and/or Federal regulation.		
6. Life Sciences Dual Use Research Concern: Will any portion of the subrecipient's proposed work involve the use of one or more of the 15 agents or toxins listed in the United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern ? (Your browser may download this pdf automatically.)	Yes*	No *If Yes , attach a copy of Subrecipient's DURC Policy

7. Answer the following:		
a. Will Subrecipient be working with Human Subjects?	Yes	No
b. Will Subrecipient be working with Vertebrate Animals?	Yes	No
c. Will there be sharing or shipping of biological materials?	Yes	No
d. Will Subrecipient be working with Biosafety Agents?	Yes	No

Comments:

Signature of CSU Principal Investigator _____ Date _____

Signature of Department Official _____ Date _____
(Required if subaward was not included in proposal)