SUBCONTRACT/SUBAWARD REQUEST FORM

This form is NOT a subcontract/subaward (subaward). The information will assist in drafting the agreement.
New subawards take 30-60 days to issue. Work cannot begin until the subaward is signed by both parties.

EMAIL completed form and attachments to your Compliance & Grant Analyst

Check the one that applies:

☐ NEW Agreement with NEW Person/Entity (never contracted for work with the department and/or unit)
☐ NEW Agreement with Existing Contractor (we have contracted with them in the past five years for work with your department/unit)
☐ AMENDMENT to Agreement No. _____ for: (check below all that apply)

- ☐ Time (add line to enter new end date)
- ☐ Money (add line to add amount to increase or decrease)
- ☐ Changes to Scope – please attach revised scope of work
- ☐ Other: _____

ACCOUNT INFORMATION

Account Number: _____ Object Code: _____
Work Plan/Task Number (if applicable): _____ Date of FE Work Plan/Task: _____
Federal Funding? ☐ No ☐ Yes (requires FDP template)
Project Name: _____

Answer the following required questions:

1. Is the Party with whom you want to contract for services a CSU or CSU auxiliary employee (CSU)?
   Yes* ☐ No ☐ *If YES, please contact SPA and do not complete this form.
2. Is the Party with whom you want to contract for services a near relative of you or of a CSU/UEI employee? A business owned/ controlled more than 10% by a CSU employee or a near relative of a CSU employee?
   Yes** ☐ No ☐ **If YES, an assessment will be performed for potential conflict of interest, but it does not necessarily prohibit contracting with the entity.

PARTIES TO THE AGREEMENT

University Enterprises, Inc. (Issues and signs the agreement)
Requesting Center/Dept/Unit: _____
Requestor's Name (first, last): _____
Campus Mail Stop: _____
Phone(s): _____ Email: _____

Other Party to the Agreement (providing the services)
Legal Name of Business or Person: _____
Contact Name (person working on the agreement): _____
Phone: _____ Email: _____
Name of Person Signing Agreement: _____ Title: _____
Phone: _____ Email: _____
Name or Department to contact regarding payments/invoices: _____
Primary Business Address (where notices would be received): _____
Main Phone Number: _____ Email: _____

AGREEMENT INFORMATION

A. Term:
From: _____ To: _____

B. Provide a brief explanation for the purpose of the subcontract/agreement OR amendment (a few sentences to provide a narrative of what is checked above.)

C. Financial Information

i. Total Amount (new) or Additional (amendment): _____

ii. Payment Terms*: ☐ Monthly ☐ By Task ☐ At End ☐ Other _____

**Subcontracts/agreements are typically cost reimbursement to be invoiced no more frequently than monthly unless alternate payment terms are discussed with and approved by SPA.*

Compliance with UEI Purchasing Policy

https://www.enterprises.csus.edu/wp-content/uploads/Purchasing.Policy.6.25.21.final_.pdf

☐ <$50K – Attach CV and proof that they solicit work from other clients
☐ >$50K – Attach 3 quotes
☐ Submitting a sole source ☐ Approved by CFO ☐ Denied by CFO

ATTACHMENTS

As applicable, email the following items with this form (*Mark the boxes to confirm items are included):*

NEW AGREEMENT

☐ Scope of Work by PI or Contractor
☐ List of Deliverables with due dates
☐ Proposal Detailed Budget

AMENDMENT

☐ Additional/Revised SOW or Proposal
☐ Additional/Revised Deliverables
☐ Revised Budget (updates the prior one)

AUTHORIZATION BY PROJECT PI OR PM

Name:
Signature:
Title:
Date:

INTERNAL TO UEI

Date Received in UEI: Date Received by Contracts Unit
Assigned to:
Analyst approval (budget, account/object code, scope): _____(sign and date)
PEID (if applicable): _____ SAM Checks completed: _____
Purchasing support attached ☐ Y ☐ N
☐ Reviewed by Contracts Unit ☐ BSD assessment