

## 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)

### 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:

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** (add link):

- <\$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