

## SUBCONTRACT REQUEST FORM

Submit completed form to the Office of Sponsored Programs, [ckrogers@uncg.edu](mailto:ckrogers@uncg.edu)

Date: \_\_\_\_\_ Green Folder #: \_\_\_\_\_  
PI: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Project Name: \_\_\_\_\_

Is this proposed subcontractor named in the proposal and budget associated with the prime award?

Yes  No

If no, do you have permission to contract with this entity from the Sponsor?

Yes  No

If no, please secure permission from the sponsor before proceeding with this request form.

1. Full Name of Proposed Subcontractor:

\_\_\_\_\_

2. Check one:  Non-profit agency  Corporation  School/College/University

Other (specify) \_\_\_\_\_

3. Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

EIN\*: \_\_\_\_\_ Website \_\_\_\_\_

4. Name and title of individual authorized to sign on behalf of the Subcontractor:

\_\_\_\_\_

e-mail \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

5. Name and title of Project Officer (Primary Contact for the Subcontractor):

\_\_\_\_\_

e-mail \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

6. Name and title of fiscal officer of the Subcontractor:

\_\_\_\_\_

e-mail \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

7. Name and address of individual to whom remittance should be sent:

\_\_\_\_\_

e-mail \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

8. Proposed period of performance:

Start Date \_\_\_\_\_ End Date: \_\_\_\_\_

9. Place of Performance:

\_\_\_\_\_

10. Total amount of agreement: \$ \_\_\_\_\_

**Check one:**

11.  Cost Reimbursement **or**  Schedule of Payment (insert below)

12. Is cost-sharing required? Yes  No

If yes, please specify: \_\_\_\_\_

13. Required Documentation. The following information should be submitted with this form:

- a. Statement of Work or Proposal (attached)
- b. Budget (attached)