**SUBAWARD SETUP FORM**

*To enable more expedient service, please accurately complete the information requested below and attach all pertinent supporting documentation for each Subaward requested. Once this information is received at* [*ufsubawards@research.ufl.edu*](mailto:ufsubawards@research.ufl.edu) *the creation of the Subaward(s) can begin. Thank you and if you have any questions please contact us at the email address listed above.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| UF Project Requesting Subaward(s)  (if DSP completed any portion of this form - please check accuracy and correct as needed) | | | | | | | | |
| UF PI Information: | | | |  | | UF Project Information | | |
| Name: |  | | |  | | PS PROJECT #: | (PS Project that will fund the Sub) | |
| Title: |  | | |  | | UFIRST AGR #: | (if assigned) | |
| Address: |  | | |  | | UFIRST PRO#: | (if assigned) | |
| Phone: |  | | |  | | Sponsor: |  | |
| Email: |  | | |  | | Sponsor Agr. ID: |  | |
|  | | | | | | | | |
|  | | | | | | | | |
| SUBAWARD:       of       (number) | | | | |  | SUBAWARD:       of       (number) | | |
| SUB-Organizational Information: | | | | |  | SUB-Organizational Information: | | |
| Legal Name: | |  | | |  | Legal Name: |  | |
| Address: | |  | | |  | Address: |  | |
| Phone: | |  | | |  | Phone: |  | |
| General Email: | |  | | |  | General Email: |  | |
| DUNS: | |  | | |  | DUNS: |  | |
| EIN: | |  | | |  | EIN: |  | |
| Signing Rep: | | (Name) | | |  | Signing Rep: | (Name) | |
| Title: | |  | | |  | Title: |  | |
| Subaward-PI Information: | | | | |  | Subaward-PI Information: | | |
| SUB-PI Name: | |  | | |  | SUB-PI Name: |  | |
| Title: | |  | | |  | Title: |  | |
| Address: | |  | | |  | Address: |  | |
| Phone: | |  | | |  | Phone: |  | |
| Email: | |  | | |  | Email: |  | |
| Admin Name: | |  | | |  | Admin Name: |  | |
| Admin Email: | |  | | |  | Admin Email: |  | |
| Subaward Project Parameters: | | | | |  | Subaward Project Parameters: | | |
| Project Period: | | |  | |  | Project Period: | |  |
| Budget Period: | | | (As applicable) | |  | Budget Period: | | (As applicable) |
| Funding Amount: | | | $      (Total Anticipated) | |  | Funding Amount: | | $      (Total Anticipated) |
| Amount Obligated: | | | $      (Release this action) | |  | Amount Obligated: | | $      (Release this action) |
| Attached *(check)*: | | | Special Reporting (optional if N/A) | |  | Attached *(check)*: | | Special Reporting (optional if N/A) |
| Attached *(check)*: | | | Statement of Work | |  | Attached *(check)*: | | Statement of Work |
| Attached *(check)*: | | | Detailed Budget\*\* | |  | Attached *(check)*: | | Detailed Budget\*\* |
| Attached *(check)*: | | | Other (optional if N/A) | |  | Attached *(check)*: | | Other (optional if N/A) |
| **\*\*If payments are Fixed Price—deliverables based—please provide details** | | | | |  | **\*\*If payments are Fixed Price—deliverables based—please provide details** | | |
| Note: Please label attachments specific to each Subaward number as indicated above | | | | | | | | |