Subaward Extension Request Form

Pass-Through (Subaward) Agreement

subaward (or, “sub-in”) where funds are received from another institution for performing a portion of their sponsored project.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current OGA Project #</td>
<td>( _{1} )</td>
</tr>
<tr>
<td>OGA Award #</td>
<td>( _{2} )</td>
</tr>
<tr>
<td>Current Project Period</td>
<td>( _{3} ) / ___ / ___ to ___ / ___ / ___</td>
</tr>
<tr>
<td>Award Period</td>
<td>( _{4} ) / ___ / ___ to ___ / ___ / ___</td>
</tr>
<tr>
<td>PI Name</td>
<td>( _{5} )</td>
</tr>
<tr>
<td>Dept Contact Name</td>
<td>( _{6} )</td>
</tr>
<tr>
<td>Agency Name</td>
<td>( _{7} )</td>
</tr>
<tr>
<td>Prime Agency Name</td>
<td>( _{8} )</td>
</tr>
<tr>
<td>Agency Contact</td>
<td>( _{9} )</td>
</tr>
<tr>
<td>Agency Award No.</td>
<td>( _{10} )</td>
</tr>
</tbody>
</table>

Unrestricted, non-sponsored Oracle FOMOPPL alias or account string to transfer charges to in the event an award is not funded: \( _{11} \) (required)

- [ ] End Date Extension Only \( _{12} \) New end date requested: ___ / ___ / ___ (No-Cost Extension)
- [ ] End Date Extension and Preaward Next Year Funding \( _{13} \) New project start date: ___ / ___ / ___ New end date requested: ___ / ___ / ___ (Partial)

Certifications and Approvals:

Signatures by the PI and Unit Head for pre-award cost indicate a guarantee that the cost will be absorbed by the department if an award is not made.

This expenditure/action is necessary for the conduct of this project: This request has been reviewed for administrative propriety: This request has been reviewed for consistency with policies and procedures:

Print Name - Unit Head RDA Preaward Authorizing Official Date

Signature - Unit Head (Dean/Director/Department Chair/Division Head) Director/Designee, SPA Date

For SPA Internal Office Use Only:

Select fields to be updated in OGA

- [ ] Alias End Date
- [ ] Close Date
- [ ] Project Status
- [ ] Account Title
- [ ] Budgetary Controls

Completed by: ______________________ Date: ___ / ___ / ____

New Project
Subaward Extension Request Form

Instructions for Subaward Extension Request

(Pass-Through (Subaward) Agreement)

**Purpose:** This form is used to allow spending after a project end date with appropriate authority or to allow spending prior to receipt of the final contract document on pass-through (subaward) agreements.

1. Current OGA Project #. The Oracle Grants Accounting number assigned by SPA to the project for the current year or budget period.

2. OGA Award #. The Oracle Grants Accounting number assigned to the award by Sponsored Projects Administration for the duration of the project.

3. [OGA] Current Project Period. The OGA project period, which may also be the sponsor’s budget period. This should not include any pre-award dates.

4. Award Period. The sponsor’s award period.

5. PI Name. The Principal Investigator named on the award from the sponsor.

6. Contact Name. The department fiscal manager or unit administrator who provides direct administrative support for the project.

7. Agency Name. The sponsoring organization. (i.e. University of Washington)

8. Prime Agency Name. The organization from which 7 received the funding for the project. (i.e. NIH, HRSA)

9. Agency Contact. The individual person at the sponsoring agency who has oversight of the award. Typically this is the grants specialist.

10. Agency Award No. The number that the sponsor has assigned to the award to be used in communications with that sponsor.

11. Fund Number. **REQUIRED** - The non-sponsored (unrestricted) Oracle General Ledger (GL) Fund Number that charges should be transferred to in case project costs are incurred but an award is not funded.

12. End Date Extension Only - New End Date Requested. Indicate new end date here, if only an end date extension is being requested.

13. End Date Extension and Preaward Next Year Funding - New Project Start Date & New End Date Requested. Indicate new project start date and new end date here for requesting preaward spending of next year funds prior to fully executed agreement being received.

14. Mail completed form to appropriate RDA Preaward office.
   - Research Grants and Contracts, Director, Mail Code L106
   - Clinical Research Program, Director, Mail Code 11D01/CR113

Send Completed Form to appropriate RDA Preaward office

Revised 1-1-08