

SUBAGREEMENT INFORMATION SHEET

OSP#: **Subrecipient Entity Name:**

PART I – Subrecipient Points of Contact

<i>Sub PI Name:</i>	<i>Email:</i>
<i>Sub OSP Contact Name (if known):</i>	<i>Email:</i>

PART II – Subagreement Information **YES** **NO**

1. Subrecipient period of performance should be the same as the prime award.	<input type="checkbox"/>	<input type="checkbox"/>
2. Funding (budget) period should be the same as the prime award.	<input type="checkbox"/>	<input type="checkbox"/>
3. If authorized by the prime award, allow the Subrecipient to carry forward funds from year to year.	<input type="checkbox"/>	<input type="checkbox"/>
4. Subrecipient Funding: POP Total: <input type="text"/> First Funding Period Amount: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Subrecipient Cost Share: POP Total: <input type="text"/> First Funding Period Amount: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Subrecipient <u>technical progress reports</u> due: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART III – PI Certifications (to be completed by UT PI) **YES** **NO**

1. I have a conflict of interest with the Subrecipient.	<input type="checkbox"/>	<input type="checkbox"/>
2. UT will use Background Intellectual Property (BIP)*. <small>*IP developed, invented, licensed or acquired prior to this project, not including publicly available or open-source software.</small>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pre-existing confidential information (not including BIP or project information) that may require a separate non-disclosure agreement will be exchanged with the Subrecipient.	<input type="checkbox"/>	<input type="checkbox"/>
4. Subrecipient will issue lower-tier subagreements (i.e., Subrecipient budget includes a subagreement).	<input type="checkbox"/>	<input type="checkbox"/>
5. Subrecipient will use human subjects. (Check yes only if the <u>Subrecipient's</u> work involves human subjects.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical records subject to HIPAA will be exchanged.	<input type="checkbox"/>	<input type="checkbox"/>
7. Student records subject to FERPA will be exchanged.	<input type="checkbox"/>	<input type="checkbox"/>
8. Subrecipient will use animal subjects. (Check yes only if the <u>Subrecipient's</u> work involves animal subjects.)	<input type="checkbox"/>	<input type="checkbox"/>
9. UT will send biological samples, chemical samples, or Select Agents to the Subrecipient.	<input type="checkbox"/>	<input type="checkbox"/>

NOTES:

Attachment 3A
Pass-Through Entity (PTE) Contacts

Subaward Number:

PTE Information

Entity Name:

Legal Address:

Website:

PTE Contacts

Central Email:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

COI Contact email (if different to above):

Financial Contact Name:

Email:

Telephone Number:

Email invoices? Yes No Invoice email (if different):

Authorized Official Name:

Email:

Telephone Number:

PI Address:

Administrative Address:

Invoice Address: