

REQUEST TO ENTER INTO A SUBCONTRACT AGREEMENT

Office of Sponsored Programs

Updated
8/4/2020

Submission of this request indicates from the requestor and PI, that current funding exists at Teachers College and Subcontractor is Sponsor approved.

Name of person making the request: _____ Tel./ Extension: _____
TC Principal Investigator (PI): _____ Check if same as above

Index: _____

Subcontractor Name: _____

- **Contract Type:** Cost-reimbursable Fixed-price (**Note:** Fixed priced agreements on federal awards require prior approval from the sponsor)

Sponsor: _____

Fund: (if appl.) _____

Prime Contract/ ID Number: _____

Project Title: _____

Collaborating Institution (Subcontractor) **Risk Manager** for Insurance clauses: Name: _____ Email address: _____

Collaborating Institution (Subcontractor) Name: _____

Subcontractor Tax ID Number: _____

Official Address: _____

Amount: \$ _____

Incrementally Funded: Yes No: If yes, total anticipated to pay: _____

Subcontract Period of Performance:

Start Date _____ End Date _____

REPORTING TERMS: (Please identify terms and due dates as it corresponds to meet TC's reporting requirements of the primary award to TC)

ADDITIONAL TERMS

Please describe any special terms or conditions you need included in or altered from the draft (use extra pages if necessary):

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ATTACHMENTS (Please provide the following):

- FOR Cost-Reimbursable Agreement:
 1. Contact Sheet (Attachment 3),
 2. Scope of Work,
 3. Budget,
 4. Invoicing Requirements,
 5. Reporting Terms while keeping in mind TC's due dates and requirements to the sponsor
- FOR Fixed Priced Agreement: Deliverables, Payment Schedule, Reporting Terms while keeping in mind TC's due dates and requirements to the sponsor

HUMAN SUBJECTS

The Scope of Work involves human subject research, as defined by the TC IRB: YES NO N/A

The project has received TC IRB approval: YES NO PENDING N/A

Attachment 3B
Research Subaward Agreement
Subrecipient Contacts

Subaward Number:

Subrecipient Information for [FFATA](#)

reporting Entity's UEI/DUNS Name:

EIN No.: Institution Type:

UEI / DUNS: Currently registered in SAM.gov: Yes No

Parent UEI / DUNS: Exempt from reporting executive compensation: Yes No *(if no, complete 3Bpg2)*

Place of Performance Address
This section for U.S. Entities: Zip Code [Look-up](#)
Congressional District: Zip Code+4:

Subrecipient Contacts

Central Email:

Website:

Principal Investigator Name:

Email: Telephone Number:

Administrative Contact Name:

Email: Telephone Number:

Financial Contact Name:

Email: Telephone Number:

Invoice Email:

Authorized Official Name:

Email: Telephone Number:

Legal Address:

Administrative Address:

Payment Address: