



OSP Subrecipient or Professional Services Agreement Request Form

To request a subaward agreement or a professional services (consulting) agreement under a sponsored project, please complete this form in its entirety, and submit it together with the below required materials (clearly identified) to OSPSubcontracts@andrew.cmu.edu.

For all requests please ensure that Supplier Forms and W-9's have been sent to Procurement/Taxation and the vendor has been added to Oracle.

Required Additional Documentation

Subaward Agreement

- ☐ Detailed Budget
- ☐ Budget Justification
- ☐ Statement of Work (detailed with deliverables in Word)
- ☐ Reporting Schedule
- ☐ Rate Agreement (for federal subcontracts)
- ☐ Source and Price Justification for any requests > \$3,001

Professional Services Agreement

- ☐ Statement of Work/Quote/Schedule of Deliverables
- ☐ Bid Summary Checklist
- ☐ Consultant's Insurance Certificate
- ☐ Approved Independent Contractor Checklist (for PSAs with individuals)

The CMU PI or his/her Research Administrator should complete this form. If desired, the PI may send Section II to the Subrecipient for completion but the Subrecipient should complete only Section II.

Section I. CMU Information

A # or OSP#: _____
Oracle P-T-A (for Purchase Order setup): _____

Prime Sponsor: _____
Prime Sponsor Award#: _____

CMU PI

Name: _____
Email: _____
Phone: _____
Department: _____

CMU Business Manager/Research Administrator

Name: _____
Email: _____
Phone: _____

Section II. Subrecipient/Consultant Information

Subrecipient's/Consultant's Legal Name: _____

Subrecipient DUNS No.: _____

Subrecipient/Consultant a Foreign Entity? ☐ No ☐ Yes If yes, Country: _____

Subrecipient PI/Consultant Contact Information

Name _____ Title _____
Department _____ College _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

Please Contact OSP Subcontracts ospsubcontracts@andrew.cmu.edu if you have any questions.



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Subrecipient Administrative Contact Information (optional for PSAs):

Name _____ Title _____
Department _____ College _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____

Subrecipient/PSA Period of Performance:

From _____ To _____

Subrecipient Funding/Budget Period (if different):

From _____ To _____

Subrecipient Agreement Amount (Total Awarded):

\$ _____

Subrecipient Cost-Share Amount:

\$ _____

Subrecipient Funded Amount: (Total Obligated):

\$ _____

PSA Rate

\$ _____

PSA Not-To Exceed Amount

\$ _____

Section III. Technical Progress Reports or Deliverables

What should be submitted by Subrecipient PI to CMU PI (CMU PI should check all that apply):

- ☐ Final
- ☐ Annual
- ☐ Quarterly
- ☐ Monthly
- ☐ Other/Deliverables (please explain)

Section IV. Export Control – please answer the questions below:

1. Yes ☐ No ☐ Will any equipment, technology or information be provided to the subrecipient entity by the PI/research team? (If yes, please provide more information on what will be provided):
2. Yes ☐ No ☐ Will any equipment, technology or information be provided to a foreign national or shipped/delivered to a location outside of the U.S.? (If yes, please provide more information on what will be provided):
3. Yes ☐ No ☐ Will any funds be given or provided to an entity in Cuba, Iran, North Korea, Sudan or Syria? (If yes, please provide more information on the entity and its location):



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Section V. IRB/IACUC

Will the subrecipient conduct any work involving Human Subjects or Vertebrate Animals (Select all applicable)

- ☐ No Human or Vertebrate Animals
- ☐ Human Subjects
- ☐ Human Subjects Data
- ☐ Human Subjects Exempt
- ☐ Vertebrate Animals

Section VI. Other:

The CMU PI attests to the following related to this subrecipient agreement:

- The CMU PI has no financial, management or ownership interest in the Subrecipient
- No immediate family member of the CMU PI has a financial management, or ownership interest in this Subrecipient
- The CMU PI is not a member of a partnership or limited liability company that has a financial, management, or ownership interest in the Subrecipient

If the CMU PI and/or his or her immediate family members have a financial, management or ownership interest in the Subrecipient, or if the CMU PI is a member of a partnership or limited liability company with a financial, management, or ownership interest in the Subrecipient, **a relevant Conflict of Interest Management Plan must be in place with the Office of Research Integrity and Compliance and must specifically permit subcontracts from CMU to the Subrecipient.** If a plan needs to be developed or amended, please contact coi-compliance@andrew.cmu.edu to begin the process. For more information about CMU's Conflict of Interest policy and process, please see <http://www.cmu.edu/research-compliance/conflict-of-interest/index.html>.

Section VII. Confidential Information

Please describe what confidential information, if any, will be shared and by what party.

Submitter's Name: _____ **Date:** _____

Signature: _____