

SUBAWARD ORDER FORM

Brown PI: _____ **Subrecipient Organization:** _____
Requested By: _____ **Subrecipient Contact Name:** _____
Request Date: _____ **Subrecipient Contact Email:** _____

New Subaward Proposal #: _____

Period of Performance: Start Date: _____ End Date: _____
Scope of Work & Budget: As Proposed, or See Attached

Funding: \$ _____

Is this funding from the Parent Account? Yes No
If no, please provide the funding source account #: _____

Cost Sharing on the subaward? Yes, indicate dollar amount \$ _____ No
Automatic Carry Forward? Yes No

Are Human or Animal Subjects Involved in Subrecipient's Scope of Work?

Human Subjects:	Yes	No	Approval Attached, or	Pending
Animal Subjects:	Yes	No	Approval Attached, or	Pending
If not approved, can other work be performed prior to approval?				Yes No

Exchange of Human Subject Research Data (select all that apply):

Brown to Sub Sub to Brown No Exchange

Is the award subject to a Data Management/Sharing Plan? Yes No

Brown Financial Contact for Invoices: (name and email) _____

Other Terms:

Modification to Existing Subaward #: _____

New End Date: _____

Amount of NEW funds to be added: (indicate if a decrease) \$ _____

Is this funding from the Parent Account? Yes No
If no, please provide the funding source account #: _____

If Carry Forward is NOT Automatic please complete the following:

1 – Amount of unexpended funds from previous period \$ _____
2 – Amount from line 1 to be allowed for current year \$ _____

New Cumulative Total (including carry forward if applicable) \$ _____

Cost Sharing on the subaward? Yes, indicate dollar amount \$ _____ No

Other Terms: (e.g., change of PI, change of scope, etc.)

