

Supplemental Requisition Information

Subrecipient Organization: URI InfoEd Proposal Number:
 URI PI: Subrecipient PI:
 Requested By: Subrecipient Contact Number:
 Date: Subrecipient Contact Email:
 Prime Award Number:

New Subaward Only: Required documents for New Subs: Scope of work, budget, budget justification, monitoring form

Period of Performance: Start Date: End Date:

All invoices Should be sent to the URI Principal Investigator for review and approval

PI's email address: **PI's Place of Performance Address:**

Is the Subrecipient PI a Multi-PI on grant? Yes No

Automatic Carry Forward? Yes No (Subrecipient must request carry forward)

If carry forward is restricted, who is restricting the carry forward? Sponsor URI

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

Human Subjects: Yes No Pending

Animal Subjects: Yes No Pending

If yes, attach approval.

If not approved yet, can other work be performed prior to approval? Yes No
 If yes, additional information may be requested.

Exchange of Human Subject Research Data (Select all that apply)

URI to Sub Sub to URI No Exchange

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

Other Terms

See page 2 for modifications to existing subaward.

Modifications to Existing Subaward

If your Scope of work or budgets have changed, please attach revised documents

Subaward #:

PO # or issue a new PO#

Previous PO # Amount

Previous PO # Amount

Modification

New End Date:

Automatic Carry Forward? Yes No

Funding:

Increase Funding Decrease Funding

Increase/Decrease Amount

New Cumulative Total

Other Terms: