



Request to Issue or Revise a Subaward

PI:	Request to Issue:		
Dept Admin:	If Amendment, what kind:		
IP #:	Funding Agency (sponsor):		
Banner #; G0000	Funding Agency Award #:		
Fund #:	Subrecipient Entity:		
Account Code (e.g. 78050):	Subrecipient PI:		
Title:			
<u>Incremental</u> Period of Performance: FROM:	TO:	<u>Incremental</u> Amount:	
<u>Cumulative</u> Period of Performance (same as Incremental for new subs): FROM:	TO:	<u>Cumulative</u> Amount (same as Incremental Amount for new subs):	
Subrecipient PI Contact Info:		Subrecipient Signatory Contact Info:	

The subrecipient will require the following approvals:

IRB	IBC/DURC	None
IACUC	SCRO	

Human Subjects data exchange:

If Human Subjects data will be exchanged:

Optional Comments / Notes / Instructions:

NU PI Subward Certification

As NU Principal Investigator, I certify that:

- The services of the subrecipient are essential to the project and cannot be provided by individuals currently employed by Northeastern University and/or the physical capabilities do not exist at the University to perform the project tasks.
- This subrecipient is the only source known to perform the services needed for this project or is one source among others that is most advantageous for the purpose of this project.
- The subrecipient budget was reviewed for accuracy and the planned costs are reasonable and appropriate in relation to the statement of work.
- The project or relationship with this subrecipient (check one) **does** or **does not** present a potential for a conflict of interest or investigators with a potential conflict have provided complete disclosure of this matter as instructed by current University Policy and/or Federal Regulations.
- Funding is available for this subaward and is an allowable cost under the terms and conditions of the Sponsor Award.
- If Human or Animal Subjects are involved in this subaward, any non-exempt human and/or animal subjects research protocol conducted under this subaward shall be reviewed and approved by the Institutional Review Board (IRB) and/or Institutional Animal Care and Use Committee (IACUC), as applicable, and will maintain current and duly approved research protocols for all periods of the subaward involving human and/or animal subjects research.
- AMENDMENTS ONLY: I certify that I am monitoring the performance of the subrecipient and find it to be:
_ satisfactory unsatisfactory.
- The information listed on this form is accurate.

PI Signature:

Date:

Please submit this completed form to NU-RES@northeastern.edu and if any details have changed from the proposal, attach the following:

1. Subrecipient's Statement of Work
2. Subrecipient's Budget and Budget Justification