## SUBCONTRACT/SUBAWARD ISSUANCE REQUEST FORM

*Please use a separate form for each subcontractor* 

ASC Account Number: OGC Proposal Number: Name of Subcontractor/Subrecipient: Prime Sponsor/Funding Agency:		
Please issue (mark one):         NEW         AMENDMENT         for Amendments only:         Subcontract Number:		
	latch:	
Estimated Total funding (if incrementally funded):through		
***Please attach a copy of the subcontractor's Scope of Work and budget (re	quired).***	
Invoicing instruction: Monthly Quarterly Other: please spec	ify	
Expected Deliverables and due dates (attach additional sheets as needed):		
Reporting Requirements:		
Special Instructions (if any):		
Conflict of Interest Disclosure: 1. I, my spouse or child has any ownership interest with the Subcontractor. 2. I, my spouse or child receives salary, income from partnership, seminar,	YES	🗌 NO
<ul> <li>lecture, or other engagement with the Subcontractor.</li> <li>I, my spouse or child is a founder, officer, partner, trustee, board member,</li> </ul>		🗌 NO
or serve in a position of influence in the Subcontractor	YES	🗌 NO

If any answer to the above is "YES," please provide supplemental information. Include a statement on how you propose to maintain objectivity in designing, conducting, or reporting the project activity as a result of your relationship with the Subcontractor.

My signature below confirms my instruction to issue a subcontract/amendment to the organization noted above. I will be responsible for the oversight of Subcontractor's Scope of Work, and its scientific and technical progress.

PI Signature	Date:

PI Name (print)\_\_\_\_\_

FY2024-2025