

REQUEST FOR NEW SUBAWARD

Complete **only** this section for a new subaward. Send this form with a preliminary Subaward Purchase Order and the subawardee's work statement and budget as PDF documents to sposubrequest@berkeley.edu. For guidance on subawards, see <http://www.spo.berkeley.edu/Procedures/subawards.html>.

PRINCIPAL INVESTIGATOR INFORMATION:

Name: _____
 Telephone: _____ E-mail: _____

CAMPUS ADMINISTRATIVE INFORMATION:

Administering Unit (AU): _____
 AU Contact Name: _____
 Telephone: _____ E-mail: _____
 Fax: _____ Mail Code: _____ BFS Fund #: _____

AU Contact for Receipt of Invoices: Name: _____
 Mailing Address: _____
 Telephone: _____ E-mail: _____

SUBAWARD INFORMATION: (Refer to the Notice of Award distributed by SPO for the SPO SA # and other information below.)

Sponsoring Agency: _____
 Sponsoring Agency Award #: _____ SPO SA #: _____
 Amount of Subaward: \$ _____ Begin Date: _____ End Date: _____

Subaward Institution (Name): _____	
Subaward Grants and Contracts Office Contact: Name: _____ Address: _____ Telephone: _____ Fax: _____ E-mail: _____	Subaward Principal Investigator or Project Director: Name: _____ Address: _____ Telephone: _____ E-mail: _____

Subaward Reporting Requirements:
 Specify interim report requirements and due dates (if any): _____

 Specify final report/deliverable requirements and due date: _____

If necessary, please attach a separate page with any other special instructions or information.

REQUEST TO AMEND EXISTING SUBAWARD

Complete **only** this section to amend an existing subaward. Send this form as a PDF to sposubrequest@berkeley.edu.

PRINCIPAL INVESTIGATOR INFORMATION:

Name: _____
 Telephone: _____ E-mail: _____

SPO SA #: _____
 No-Cost Extension: New End Date: _____
 Increase Funding by Amount: \$ _____ to New Total: \$ _____
 Begin Date: _____ End Date: _____
 Other – Explain: _____

If necessary, please attach a separate page with any other special instructions or information.