

ATTACHMENT I
SUBCONTRACT INFORMATION CHECKLIST

LU Proposal #: _____ LU PI: _____
 LU Account #: _____ Dept./Ctr.: _____
 Sponsor: _____ Sponsor #: _____
 Project Title: _____

Subcontractor: _____
 Subcontractor PI: _____ Phone: _____
 Subcontractor Contracting Officer: _____ Phone: _____

| YES | N/A | |
|------------|------------|---|
| _____ | _____ | PI's Request to Issue a Subcontract |
| _____ | _____ | Scope of Work |
| _____ | _____ | Budget |
| _____ | _____ | Indirect Cost Negotiation Agreement |
| _____ | _____ | Benefit Rate Verification |
| _____ | _____ | Reasonable Cost Verification |
| _____ | _____ | Representations and Certifications |
| _____ | _____ | Conflict of Interest Certification |
| _____ | _____ | Human Subjects Approval |
| _____ | _____ | Animal Welfare Approval |
| _____ | _____ | Certification of Cost or Pricing Data (required for subcontracts over \$100,000 or for DOD and NASA subcontracts over \$500,000)* |
| _____ | _____ | Intent Letter from Subcontractor |
| _____ | _____ | Small Business Subcontracting Plan (for subcontracts over \$500,000) |

Agency Subcontract Approval (if required):

Negotiation Notes:

I certify that by signing this form I have performed a cost and/or price analysis, as appropriate, on the subcontractor's budget.

Program Administrator

Date

* Applicable when the prime agreement is a contractor

ATTACHMENT 2
REQUEST TO ISSUE A SUBCONTRACT

This form must be completed by the Lehigh University principal investigator when subcontracting work to another **institution** using sponsored project funds. Please complete the items below and return to the ORSP.

LU Proposal #: _____ LU PI: _____

LU Account #: _____ Dept./Ctr.: _____

Sponsor: _____ Sponsor #: _____

Project Title: _____

1. General Information

Name of Subcontractor: _____

Attention: Dr./Mr./Ms.: _____

Address: _____

Phone: _____

Subcontract Amount (Attach Budget): _____

Subcontract Period of Performance (Attach Scope of Work):

2. Justification

(Provide a brief explanation of why a portion of the work on the project must be performed by another institution)

3. Criteria for Selecting the Subcontractor

- This is a collaborative project with colleagues at another university/ research organization
- Other. (Provide the selection criteria for the subcontractor chosen.)

4. Budget Information

In your estimation, are the costs in the subcontractor's budget reasonable? ___ Yes ___ No

(Provide below or attach any information that you feel will be useful in verifying the subcontractor's proposed budget.)

5. Other Information

Please attach any information which you feel will be useful to the ORSP in preparing the subcontract; *i.e.*, *specific report due dates, unusual reporting requirements, publications, etc.*, or any specific requirements you wish to have set forth in the document or have informally discussed with the subcontractor.

Principal Investigator Authorization:

Signature

Date

ATTACHMENT 3
SUBCONTRACT CLOSEOUT CHECKLIST

LU Proposal #: _____ LU PI: _____

LU Account #: _____ Dept./Ctr.: _____

Sponsor: _____ Sponsor #: _____

Project Title: _____

Subcontractor: _____

Subcontractor PI: _____

Subcontractor Contracting Officer: _____

| YES | N/A | |
|------------|------------|---|
| _____ | _____ | PI's verification of completion of technical requirements |
| _____ | _____ | Final Performance Report |
| _____ | _____ | Final Invoice |
| _____ | _____ | Final Financial Report |
| _____ | _____ | Report of Inventions and Intellectual Property |
| _____ | _____ | Property Report |
| _____ | _____ | Audit Report |

Remarks:

Findings of Noncompliance:

Program Administrator

Date

Principal Investigator

Date