



Request to Issue/ Modify/Terminate a Subcontract

If you determine that a subcontract is the appropriate instrument to secure services, then this form must be completed and the appropriate signatures and forwarded to the address or e-mail above.

LLU INSTITUTION INFORMATION		REQUEST TYPE
Principal Investigator/Project Director		School/Entity
Department	Primary Funding Sponsor/Agency	Prime Award or LLU Account Number
Mailing address	Phone	Email
Contract Contact for PI	Phone	Email
Project Title		
Prime Award project period From <input type="text"/> through <input type="text"/>		

PROPOSED SUBCONTRACTOR INFORMATION		SUBCONTRACTOR TYPE
Subcontractor Principal Investigator/Project Director	Phone	Email
Subcontractor Institution's Contract Contact	Phone	Email
Name of Subcontractor Institution/Company		
Mailing Address	City	State Zip
Current Subcontract project period From <input type="text"/> through <input type="text"/>		Amended Subcontract project end date <input type="text"/>

SCOPE OF WORK (Submit subcontractor SOW with this form):

It is the responsibility of the PI to ensure that the scope of work of this subcontract is allowable and consistent with the prime award listed above. The scope of work can be submitted electronically or via paper.

A. Initial Scope of Work. Provide a copy of the SOW as outlined in the **prime award** or provide the scope of work description.

B. Modifications of Scope of Work. There are two types of modifications: revisions and additions.

1. Revised Scope of Work: When modifying the current scope of work provide the following: current scope of work, revised scope of work, list of changes, and justification for the changes.

2. Additions to Scope of Work: When adding to the original scope of work, the addition should be additive so that the scope of work at the end of the contract is consistent with the services provided. Modifications should be referenced in the scope of work contained in the subcontract.

BUDGET INFORMATION (Submit subcontractor budget with this form):	
Funds obligated by this action only	\$ <input type="text"/>
Previously obligated costs by prior action(s)	\$ <input type="text"/>
Total costs as a result of this action	\$ <input type="text"/>
If allowed by the prime award, do you grant the subcontractor carry forward? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If not previously reported, list all personnel involved in this project (attach list if necessary)

Yes No (Check those statements which apply to your project before obtaining the signatures in the boxes below.)

- 1. Equipment will be purchased for the project and/or the project will require renovations or modifications to facilities.
Any equipment purchased for the subcontractor will be purchased and owned by Loma Linda University. If exception requested, please explain: _____
- 2. The project involves human subjects. If yes, date of IRB approval: _____ IRB #: _____
- 3. The project involves vertebrate animals. If yes, date of IACUC approval: _____ IACUC#: _____
- 4. The project involves ionizing radiation. If yes, date of RSC approval: _____
- 5. The project involves potentially biohazardous material or recombinant DNA, such as plasmids, viral vectors, or genetically modified organisms or microorganisms. If yes, date of Institutional Biosafety Committee approval: _____
- 6. The proposal involves select agents (<http://www.selectagents.gov/Select%20Agents%20and%20Toxins%20List.html>)
- 7. The proposal involves
 - a. collaborations with foreign entities or nationals or participation of foreign nationals including students with student visas;
 - b. shipment, transfer or transport of equipment, materials, or data outside of the U.S or to foreign nationals; or foreign travel;
 - c. publication or access restrictions; and/or proprietary or confidential information or materials from the sponsor or any third party.
- 8. I am a named inventor on any patent(s) related to this study (including materials).
- 9. The project involves the creation or use of human embryonic stem cells or human induced pluripotent stem (iPS) cells; and/or the transplantation of human neural stems cells into humans or laboratory animals.

MATERIAL TRANSFER (Complete this section only if materials will be transferred between institutions.)

Description of Materia(s): _____

Description of Research Use: _____

Amount of Materials: _____

Funding source for research with these material(s), include award numbers if applicable: _____

LLU is: the provider the recipient

Yes No

- Will material(s) be modified or used in derivatives?
- Will the materials(s) or modified materials(s) become integrated into a new research material?
- Is this a controlled substance?

How long will you use the material(s)? _____

REPORTING REQUIREMENTS

FINANCIAL REPORT(S) _____ **TECHNICAL REPORT(S)** _____ **INVENTION REPORT(S)** _____

Other (specify): _____

COMMENTS

APPROVALS

I have reviewed the attached subcontractor's budget and believe the labor rates and other costs stated therein to be reasonable and appropriate for the work to be performed. In the event this action represents a modification to an existing subcontract I am satisfied with the programmatic progress of the subcontractor.

PI SIGNATURE	DATE	CHAIR SIGNATURE	DATE