



Office of Research and Sponsored Programs
**GRANT AGREEMENTS, CONTRACTS, SUBAWARDS
 REQUEST FORM**

Please submit completed form to ORSP via one of the following:

Email to hanlonjd@sfasu.edu

Fax to extension 1251

Campus mail to ORSP at Box 13024

Drop off in person at Liberal Arts North, Room 421

Contact Assistant Director, Jennifer Hanlon, if you need assistance in completing the form or if you wish to schedule a meeting to discuss the contract.

SECTION A: TYPE OF DOCUMENT REQUIRED

Please check all that apply:

New Contract: Amendment: Renewal: Termination:

If new request is similar to an existing contract, please list existing contract # _____

For new contracts, please continue. For amendments, please skip to Section D unless there are changes to be made in the other sections.

SECTION B: PROJECT INFORMATION

I. AWARD

A. Award number: _____ Banner FOP _____

Name of sponsor: _____ Short project title _____

B. Was contract included in the funding application? Yes No

If no, has sponsor given subsequent approval? Yes No

If yes, please attach copy of approval. If no, please explain. _____

II. SFA REQUESTOR INFORMATION:

<p>A. Principal Investigator:</p> <p>_____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> <p>Check if this person is completing the request</p>	<p>A. Project Director or Coordinator who will oversee the Contractor:</p> <p>_____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> <p>Check if this person is completing the request</p>
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SECTION C: SUBCONTRACT/SUBAWARD INFORMATION

I. SUBCONTRACTOR INFORMATION – If an individual, only A-C need to be completed. Please note that if person is a current SFA student or employee, disregard this form and contact ORSP for further assistance.

A. Type of contractor:

Individual Business Educational institution Government agency
 Nonprofit organization Other (specify) _____

A current W-9 must be on file in Accounts Payable before any payments can be processed.

B. For individual contractors:

1. Is the individual currently employed by the State of Texas or the federal government or other educational institution?
 Yes No If yes, employer (if known) _____

2. Has the individual worked for SFA or any other state or federal government or other educational institution within the last two years? Yes No

If yes, list employer _____
 and last date of employment _____(if known).

3. Is individual a foreign national? Yes No
 If yes, list VISA type: B-1 WB Other _____

Please note that if contractor does not have a U.S. social security or tax ID number, SFA will take 30% out of the fee per federal government requirements.

<p>'C. Legal Name of Contractor: _____ Title: _____ Address: _____ City, St, Zip _____ Phone: _____ Fax: _____ Email: _____</p>	<p>D. Name of Principal Investigator/ Individual/Entity: _____ Title: _____ Address: _____ City, St, Zip _____ Phone: _____ Fax: _____ Email: _____</p>
<p>E. Name of person to receive all official notices: _____ Title: _____ Address: _____ City, St, Zip _____ Phone: _____ Fax: _____ Email: _____</p>	<p>E. Name of legal signatory to the contract: _____ Check if same as C Title: _____ Address: _____ City, St, Zip _____ Phone: _____ Fax: _____ Email: _____</p>

II. SELECTION OF CONTRACTOR

- A. How did you choose this contractor? _____
- B. Has contractor provided services for SFA in the past? Yes No Don't know
If yes, describe and include most recent dates _____
- C. Will contractor provide services to others at SFA during the contract period?
Yes No Don't know
If yes, describe _____
- D. Describe any licensure/qualification requirements or regulations for this service:

III. PAYMENT FOR SERVICES

- A. Contract will be Fixed Price or Cost-Reimbursable
- B. The total dollar amount will not exceed \$ _____
- C. Payment calculation (per hour/workshop/deliverable/semester, etc.): _____
Frequency of Payment: _____
- D. If there is detailed budget, please provide an attachment or describe below. If budget included in the proposal is accurate, please check here and that budget will be used.

Payroll	_____	Match	Payroll	_____
Fringe	_____		Fringe	_____
Equipment	_____		Equipment	_____
Travel	_____		Travel	_____
Other*	_____		Other*	_____
IDC	_____		IDC	_____
TOTAL	_____		TOTAL	_____

*Other- Detail _____ *Other- Detail _____

VIII. CONTRACT DATES:

- A. Start date of contract: _____ (Enter as Month/Date/Year - XX/XX/XXXX)
- B. End date of contract: _____ (Enter as Month/Date/Year - XX/XX/XXXX)
- C. For multi-year contracts:
Contract will annually renew with no notification provided or
SFA will inform contractor of renewal pending sponsor and/or PI approval

IX. STATEMENT OF WORK

- A. Subcontractor will be responsible for: (either complete below or attach a scope of work)

Scope of Work should include the following:

- Purpose or objective of work to be performed by subcontractor
- Detailed description of the work to be performed
- Timetable or schedule of the work to be performed
- Specify how work's progress or results will be measured.
- Identify any deliverables, products or expected outcomes.

B. Indicate any reports that Contractor will need to submit (type and frequency and to whom)

C. Indicate any tools/materials/etc. SFA will provide to Contractor to complete the work:

D. Subcontractor's work involves human subjects. Yes No

If **yes**, attach Subcontractor's current IRB approval.

E. Subcontractor's work involves human subjects. Yes No

If **yes**, attach Subcontractor's current IACUC approval.

SECTION D: MODIFICATION INFORMATION

I. Existing contract # _____.

II. Complete all that apply

Adding additional funds \$ _____ not to exceed total amount of \$ _____

New budget is attached _____

Decreasing funds by \$ _____: new amount not to exceed \$ _____

Extend to (new end date) _____

Early termination (new end date) _____

Scope of work changes (specify with attachments if needed) _____

Other (specify with attachments if needed) _____

SECTION E: REQUEST APPROVAL

A. Contact Information of person submitting this request (if different from PI listed above)

Name _____
Telephone Number: _____
Email Address: _____

B. Contract request approved by (must be PI/PD)

Do you, your spouse, or any other persons living with you have any family, financial or personal relationships with the subcontracting entity or which might reasonably appear to be affected by the proposed work? Yes No

If yes, please refer to SFA policies: Purchases from Employees Policy C-27 and Purchasing Ethics and Confidentiality Policy C-33.

This section won't be part of form but will be on the website

Please note that in order to pay any entity (individual, organization, educational institution, etc.) not employed by SFA, an executed contract must be on file before the work is performed. ONLY the President or his designee can sign agreements on behalf of SFA.

All grant-related contracts and all designated signatory agreements must be routed through ORSP. This includes any grant-related contracts made TO SFA and any grant-related contracts SFA makes to an entity.

You can either draft a contract using the ORSP templates or complete and submit this form and ORSP will create the contract for you.

In order for ORSP to provide you with timely and accurate contracts, please provide the following information at least 14 days in advance of the work to be performed. For agreements with other government and educational institutions, please submit information 30-days in advance as these institutions typically need time to have their legal counsel review the contract terms. If any negotiations need to occur, more time will be needed for ORSP and SFA legal counsel to work with the entity.

Based on the information you provide, ORSP will develop a draft contract and email to you for review. Once ORSP has received your email stating that the draft is satisfactory, ORSP will route for legal review, obtain President's signature and send it to the contractor. A copy of the fully executed agreement will be sent to you.

If the individual has or will reach \$25,000 over the lifetime of all contracts with SFA, a major consulting contract request may be required. Please allow an additional 45-days for this request to be processed by legal counsel.