SUBAGREEMENT COST ANALYSIS WORKSHEET

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| **Prime Sponsor:**   | **Prime Agreement No.:**   | **CFDA No.:** **(If Applicable)** |
| **Subcontractor Name:**   | EVERIFY: [ ] Yes [ ] NoFFATA: [ ] Yes [ ] No | FDP: [ ] Yes [ ] NoRegulatory: [ ] Yes [ ] No |
| **Project Title:**   | **Automatic Carryforward:****[ ] Yes [ ] No** | High Risk: [ ] Yes [ ] NoStimulus: [ ] Yes [ ] No |
| **Grant :**   **Fund:**   | **Subagreement No.:**   **(Utilize Fund & Sponsored Program Established for the Subcontract)** | PHS [ ]  Non-PHS [ ] FCOI Policy: [ ] Yes [ ] No |
| **Subagreement Start Date:**   **End Date:**   | Amount Funded This Action:  Est. Project Total:      Cost Sharing this Action:       Est. Project Cost Share Total:       |

##### Subcontractor Information Purdue Information

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| Fiscal AdministratorName:  Dept/Title:      Address:          Phone:  Fax:      Email:   | Principal investigatorName: Dept/Title: Address:   Phone:  Fax:      Email:  |
| Contractual Administrator Name: Dept/Title:      Address:        Phone: Fax:      Email:  |  Payment Schedule: [ ]  Cost Reimbursement [ ]  Attached Document [ ]  As Follows:      Cost Sharing Schedule: [ ]  Attached Document [ ]  As Follows:      Financial Report: [ ]  30 Days After Project End Date [ ]  60 Days After Project End Date [ ]  Other:  Technical Report: [ ]  30 Days After Project End Date [ ]  60 Days After Project End Date [ ]  Other:  Property Report: [ ]  30 Days After Project End Date [ ]  60 Days After Project End Date [ ]  Other:      Invention Report: [ ]  30 Days After Project End Date [ ]  60 Days After Project End Date [ ]  Other:       |
| Principal InvestigatorName: Dept/Title: Address:   Phone: Fax:      Email:       |
| Statement of Work (SOW) Attached? [ ]  Yes [ ]  NoBudget Attached? [ ]  Yes [ ]  NoPrime Award Attached? [ ]  Yes [ ]  NoReceived Subrecipient Commitment Form? [ ]  Yes [ ]  No [ ]  N/A If subcontract not included in the original proposal, do you have sponsor approval? [ ]  Yes [ ]  No [ ]  N/A Has the University written off invoices for nonpayment from this subcontractor? [ ]  Yes [ ]  No [ ]  N/AFringe benefit documentation received if personnel budgeted? [ ]  Yes [ ]  No [ ]  N/A Received documentation of indirect cost rate if charging F&A? [ ]  Yes [ ]  No [ ]  N/A Has the subrecipient had a negative A-133 audit finding? (see Risk Assessment Log) [ ]  Yes [ ]  No [ ]  N/AFFATA information received from subcontractor? [ ]  Yes [ ]  No [ ]  N/A Verified that sub has not been debarred or suspended from receiving Federal funds? <https://www.SAM.gov> [ ]  Yes [ ]  No  |
| Special Instructions:  |