

## REQUEST FOR SUBCONTRACT

- All fields must be completed to draft subcontract
- For information or assistance, contact ORSP at (503) 725-3423
- Information available online at [www.rsp.pdx.edu](http://www.rsp.pdx.edu)
- Visit us in person at the Unitus Building, 6<sup>th</sup> Floor (SW 4<sup>th</sup> Ave @ Lincoln St)



PSU INFORMATION		
PSU Principal Investigator:	Phone:	Email
Project Title:		
PIAF No.:	Index No. (if available):	
Funding Agency:	Sponsor Award No.:	

SUBCONTRACTOR INFORMATION	
Name and address of the Organization to which PSU will issue the subcontract (the Subcontractor)	Name:
	Address:
Subcontractor's Administrative Contact Person	Name:
	Title:
	Phone:
	Fax:
	Email:
Subcontractor's Principal Investigator	Name:

SUBCONTRACT INFORMATION	
Subcontract is <input type="checkbox"/> new or <input type="checkbox"/> continuing. If new, <input type="checkbox"/> Fixed Price or <input type="checkbox"/> Cost-Reimbursable.	
Subcontracting Period:	Start Date: _____ End Date: _____
Prime Award Budget Period:	Start Date: _____ End Date: _____

REQUIRED DOCUMENTS <i>(Subcontract cannot be drafted without the following documents attached)</i>
<input type="checkbox"/> Scope of Work: Attach a separate document describing the work to be performed by the Subcontractor.
<input type="checkbox"/> Budget: \$ _____ Attach itemized budget, including direct, indirect, and total costs, as well as matching funds (if applicable).

ADMINISTRATIVE CONTACT		
Form completed by:	Phone:	Email: