

Checklist for Establishing an At-Risk Account for Incoming Subcontracts

(This form should accompany the SP-23 sent to request the at-risk account.)

This checklist assists departments in collecting the information necessary to create an at-risk account for incoming subcontracts. The information collected will help ensure the at-risk is set up correctly. It will be necessary to contact the institution issuing the subcontract to ensure this information is accurate.

At-Risk Account for New Subcontract

Anticipated Subcontract Start Date: _____

Will there be more than one type of funding/invoicing involved? YES NO (e.g. funding for core/cost reimbursement activities and funding for clinical activities)

Copy of UVA IRB approval provided (if applicable): YES NO N/A

Copy of UVA Animal approval provided (if applicable): YES NO N/A

At-Risk Account for Additional Year of Existing Subcontract

Anticipated Subcontract Start Date for New Budget Period: _____

Is additional funding being provided? YES NO

Will this new budget year be funded from a renewal of the prime award or a continuation of the prime award? Circle One Underlined Term

Does carryforward funding require the subcontractor's prior approval? YES NO

Will the subcontractor issue an amendment or a new subcontract for the next year? Circle One Underlined Term

Copy of UVA IRB approval provided (if applicable): YES NO N/A

Copy of UVA Animal approval provided (if applicable): YES NO N/A