

Attachment 3A
Pass-Through Entity (PTE) Contacts

Subaward Number:

PTE Information

Entity Name:	University of Colorado Denver Anschutz Medical Campus
Legal Address:	University of Colorado Denver, Office of Grants and Contracts, Anschutz Medical Campus Bldg. 500, W1124, 13001 E. 17th Place, Mail Stop F428 Aurora, CO 80045
Website:	

PTE Contacts

Central Email:			
Principal Investigator Name:	[Instructions: Insert the faculty's name]		
Email:	[Instructions: Insert the faculty's email]	Telephone Number:	[Instructions: Insert the faculty's #]
Administrative Contact Name:	[Instructions: Insert your name]		
Email:	[Instructions: Insert your email]	Telephone Number:	[Instructions: Insert your #]
COI Contact email (if different to above):	coi@cuanschutz.edu		
Financial Contact Name:	[Instructions: Insert person in your department who handles invoicing- not OGC post award]		
Email:	[Instructions: Insert their email]	Telephone Number:	[Instructions: Insert their #]
Email invoices?	☒ Yes ☐ No	Invoice email (if different):	
Authorized Official Name:	Liz Causey		
Email:	OGC.Subcontracts@ucdenver.edu	Telephone Number:	

PI Address:

[Instructions: This is your faculty's address/place of performance]

Administrative Address:

[Instructions: This is your address]

Invoice Address:

[Instructions: This is where you want invoices to be sent]

Attachment 3B
Subrecipient Contacts

Subaward Number:

Subrecipient Information for [FFATA](#) reporting

Entity's UEI Name:

EIN No.: Institution Type:

UEI: Currently registered in SAM.gov: ☐ Yes ☐ No
Exempt from reporting executive compensation: ☐ Yes ☐ No *(if no, complete 3Bpg2)*

Parent UEI:

This section for U.S. Entities: Zip Code [Look-up](#)

Place of Performance Address

?

 Congressional District: Zip Code+4:

Subrecipient Contacts

Central Email:

Website:

Principal Investigator Name:

Email: Telephone Number:

Administrative Contact Name:

Email: Telephone Number:

Financial Contact Name:

Email: Telephone Number:

Invoice/Payment Email:

Authorized Official Name:

Email: Telephone Number:

Legal Address:

Administrative Address:

Payment Address:

INSTRUCTIONS: You do not need to populate this attachment. The site should populate this if they meet the criteria described below.

Attachment 3B-2
Highest Compensated Officers

Subaward Number:

Subrecipient:

Institution Name:

PI Name:

Highest Compensated Officers

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation:

INSTRUCTIONS:

Every award, faculty, and department are unique- consider what reporting you need from the sub to meet your obligations to the prime. If there are no prime obligations, final and annual are great default choices.

Attachment 4
Reporting and Prior Approval Terms

Subaward Number:

Subrecipient agrees to submit the following reports (PTE contacts are identified in Attachment 3A):

Technical Reports:

- ☐ Monthly technical/progress reports will be submitted to the PTE's within days of the end of the month.
- ☐ Quarterly technical/progress reports will be submitted within 30 days after the end of each project quarter to the PTE's .
- ☐ Annual technical / progress reports will be submitted within days prior to the end of each budget period to the PTE's . Such report shall also include a detailed budget for the next Budget Period, updated other support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.
- ☐ A Final technical/progress report will be submitted to the PTE's within days of the end of the Project Period or after termination of this award, whichever comes first.
- ☐ Technical/progress reports on the project as may be required by PTE's in order for the PTE to satisfy its reporting obligations to the Federal Awarding Agency.

Prior Approvals:

Carryover:

Other Reports:

- ☐ In accordance with 37 CFR 401.14, Subrecipient agrees to notify both the Federal Awarding Agency via iEdison and PTE's within 60 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Federal Awarding Agency specific forms to the PTE's within 60 days of the end of the Project Period to be included as part of the PTE's final invention report to the Federal Awarding Agency.

A negative report is required:

- ☐ Property Inventory Report (only when required by Federal Awarding Agency), specific requirements below.

Additional Technical and Reporting Requirements:

Attachment 5
Statement of Work, Cost Sharing, Indirects & Budget

Subaward Number:

Statement of Work

☐ Below ☐ Attached

If award is FFATA eligible and SOW exceeds 4000 characters, include a *Subrecipient Federal Award Project Description*

Budget Information

Indirect Information	Indirect Cost Rate (IDC) Applied %	Cost Sharing	
Rate Type:		If Yes, include Amount: \$	

Budget Details ☐ Below ☐ Attached

Instructions:

Cost Reimbursement:

Use one of the budget templates on our website:

<<https://research.cuanschutz.edu/ogc/home/ogc-teams/contracting/OGCContracts/subcontracts#ac-subcontract-request-forms-2>>

Fixed Rate (Clinical Trials):

For projects reimbursable on a per patient or per enrollment basis, use your own budget template, or input details here on \$/patient enrolled, start-up costs, and any other expenses not included in per patient costs.

Fixed Price:

No budget template needed. Input any budget categories, milestones, timelines, or details in this box. You are welcome to include an additional budget attachment if you'd like us to include it in your draft.

Budget Totals

Direct Costs \$

Indirect Costs \$

Total Costs \$

All amounts are in United States Dollars