University of Virginia School of Nursing
Checklist of Requirements to Establish a Subaward from a UVA SON Prime Award

UVA SON Prime PI Name ____________________________________________
Sponsor __________________________________________________________
Award # __________________________________________________________
Budget Period Start ____________________________
Budget Period End ____________________________
Award Total Amount ____________________________________________

☐ Subaward Institution Legal Name:
☐ Subaward PI Name:
  ☐ Address:
  ☐ Phone:
  ☐ Email:
☐ Subaward Primary Contact Name & Title:
  ☐ Address:
  ☐ Phone:
  ☐ Email:
☐ Subaward Total:
  ☐ Is this a change in the funding level from the proposal budget?
  ☐ Is there a change of effort by the PI or key personnel?
☐ Subaward Human Subjects Training complete:
☐ Subaward IRB Approval letter received:
☐ Sub Federalwide Assurance Number (FWA):
☐ Subaward Detailed Budget (direct & indirect) and Justification:
  ☐ Expenditure types = Personnel, equipment, travel, supplies, consultants, shipping, other:
  ☐ Justification includes % effort, fringe benefit rates, F&A rates:
☐ Detailed Milestones or Deliverables:
  ☐ Clinical Trial?
    ☐ Number of patients to be recruited:
    ☐ Per-patient amount? How much?
    ☐ Payment contingent on reports or data?
    ☐ Payment for partial completion?
  ☐ Are financial or technical reports required?
  ☐ Is equipment supplied to the subsite? Who will own it?
Insert or attach the Subaward Detailed Statement of Work. Include the following:

- Purpose of the work to be performed
- Description of deliverables (e.g., data, samples, enrolled participants)
- Explicit deadlines, due dates
- Include all deliverables

Examples which can be used or modified as needed for individual subcontracts.

<table>
<thead>
<tr>
<th>Check (√)</th>
<th>Milestones and Deliverables:</th>
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<tr>
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<td>Based on the participation level (percent effort and role description) for each research team member allocated in the budget justification and brought forth to the subcontract, the following milestones and deliverables are expected for this subcontract site:</td>
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<td>Personnel at the subaward institution are responsible for ensuring that the research protocol approved by both the prime institution and the subaward institution is followed, adverse events are reported to the IRB and resolved, and the research is completed in an ethical and safe manner.</td>
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<td>Recruitment: The recruitment plan includes “evaluable cases” (as agreed upon). Evaluable cases include all pertinent data as outlined in the protocol; screened cases will be recorded, but are not evaluable cases. For example: 1) University of Virginia = XX evaluable cases/year x 2.5 years = XX evaluable cases 2) Subaward University = XX evaluable cases/year x 2.5 years = XX evaluable cases</td>
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<td>Accrual: If a clinical site achieves its accrual goal and the total accession goal for the full study has not been met, the site will negotiate effort to over list cases to ensure that enough adequately evaluated cases for the full study (N = XXX) are available for analysis. If a site under lists evaluable cases by 10%, payment will be prorated.</td>
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<td>Monthly Reporting: A monthly enrollment log (with follow-up visits) with refusals and withdrawals will be submitted online the first of every month by the clinical site study coordinator to expedite reporting.</td>
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<td>Data Entry/Checking: Subaward personnel will provide online data entry and assist with internal auditing as stated in the protocol clinic procedures.</td>
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<td>Meetings: Subaward PI and selected personnel will attend orientation and ongoing monthly or quarterly meetings in person or by conference call.</td>
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<td>Reports: Personnel at the subaward site will contribute to the preparation of reports (annual IRB reports/renewals, non-competitive renewal reports [SNAP]).</td>
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<td>Manuscript Contributions: Subaward personnel will assist in the preparation of manuscripts as requested by the prime award PI.</td>
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Prime PI Signature: __________________________ Date: ________________