# WORKSHEET

# Request for a NEW Subaward: QUESTIONS section

***TIP:*** *The Questions section of the form is editable for the PI. You may complete the questions and ask the PI to review and edit as needed.*

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| --- | --- | --- |
| **Financial Interests:** Does the PI or the PI's spouse or any dependent of the PI and/or any key persons performing the work within this award, their spouse or any dependents, have a financial interest in this subrecipient organization? | Yes | No |
| **Conflict of Interest:** The project or relationship with this Subrecipient presents a potential for conflict of interest or the appearance of a conflict of interest. | Yes | No |
| **Clinical Trial?** Select "Yes" if identified as a Clinical Trial in Section IV of UMB’s NOA and/or as defined by the NIH Grants Policy Statement:  <https://grants.nih.gov/grants/policy/nihgps/HTML5/section_1/1.2_definition_of_terms.htm> | Yes | No |
| **Subrecipient’s SOW involves animals?** | Yes | No |
| **Subrecipient’s SOW involves human subjects?** | Yes | No |
| **Sharing or shipping of biological materials?** If yes, some materials may require a Material Transfer Agreement. [Contact CCT](https://www.umaryland.edu/cct/corporate-contracts/material-transfer-agreements/) with questions or to initiate an MTA. | Yes | No |
| **Includes cost sharing?** NOTE: This question addresses mandatory cost-sharing by the subrecipient that must be reported to the sponsor. Salary caps are not mandatory cost sharing. | Yes | No |

Research/project data will be exchanged under this agreement:

* Yes, from UMB to Subrecipient
* Yes, from Subrecipient to UMB
* Yes, from both UMB and Subrecipient
* No, not applicable

Human subject data will be exchanged under this agreement:

* Yes, from UMB to Subrecipient
* Yes, from Subrecipient to UMB
* Yes, from both UMB and Subrecipient
* No, not applicable

**Types of Data** (this field appears unless the response is “no, not applicable” for BOTH data exchange questions)

* Protected Health Information (PHI)
* Personally Identifiable Information (PII)
* Data that includes identifiers in a HIPAA "Limited Data Set"
* Data about human subjects that does not contain any identifiable information
* Data that is not about human subjects
* Educational records

***Definitions:***

**Protected Health Information (PHI):** Individually identifiable health information, including genetic information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual

**Personally Identifiable Information (PII):** Name/biometric/genetic, together with: SSN, driver’s license #, state ID #, passport #, US government ID #, or account/credit card/debit card # plus security code/access code/password

**Data that includes identifiers in a HIPAA “Limited Data Set”:** All identifiers are removed, except: city/state/zip; date of admission/discharge/service/birth/death; age in years/months/days/hours

**Educational records:** Records that are directly related to a student

**Data exchange explanation** (Comment field)

Provide a brief description of the data to be exchanged. If a data use agreement is already in place, please note that here.

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| **Subrecipient is registered in SAM?**  NOTE: The organization must have a Unique Entity Identification (UEI) assigned in Sam.gov before UMB can issue a subaward under Federal funding | Yes | No |
| **Is a Multiple PI (MPI) Award?** | Yes | No |

**MPI Leadership Plan**

If "MPI Plan is attached" is selected: Use the Attachments section to upload a copy of the Multiple PI Leadership Plan for inclusion in the subaward.

**NOTES:** Normally the MPI plan is part of the proposal and should be attached, particularly if the subrecipient PI is one of the MPIs. “PTE” means Pass-through Entity, and refers to UMB.

* + The MPI plan is attached
  + The PTE will make the MPI plan available upon request