Subaward Agreement		
Institution/Organization ("Prime Recipient")	Institution/Organization ("Subrecipient")	
University of Alaska Anchorage	Name:	
	Subaward No.:	
Prime Award No.: Awarding Agency:	Amount Funded This Action: Est. Total (if incrementally funded)	
Awarding Agency.	Est. Total (if incrementally funded)	
Subaward Period of Performance:	 Estimated Project Period (if incrementally funded):	
Budget Period: From: To:	From: To:	
Project Title:		
Reporting Requirements (Check here if applicable: See Attachment "Reporti	ng Requirements"	
Terms & Conditions		
1) Prime Recipient hereby awards a cost reimbursable subaward, as described as (shock one).		
subaward are (check one): As specified in Subrecipient's proposal date "Scope of Work". In its performance of the subaward work, Subrecipient sh		
Recipient.	ian be an independent entity and not an employee of agent of Finne	
standard invoice, but at a minimum shall include current and cumulative	nthly for allowable costs. All invoices shall be submitted using Subrecipient's costs (including cost sharing), subaward number, and certification as to truth	
	paward Number shall be returned to Subrecipient. Invoices and questions con-	
cerning invoice receipt or payments should be directed to the appropriate	Contact as shown in Attachment 2.	
3) A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to Prime Recipient's		
Contact, as shown in Attachment 2, NOT LATER THAN sixty (60) days after subaward end date unless otherwise stated. The		
final statement of costs shall constitute Subrecipient's final financial report.		
4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient.		
5) Matters concerning the technical performance of this subaward should be directed to the appropriate party's Principal Investigator, as shown in		
Attachment 2. Technical reports are required as shown above, "Reporting Requirements".		
6) Matters concerning the request or negotiation of any changes in the ter	rms conditions or amounts cited in this subaward agreement, and any	
changes requiring prior approval, should be directed to the appropriate p		
	pproval of each party's Authorized Official as shown in Attachments 2 and 3.	
7) Fach party shall be responsible for its pegligent acts or omissions and t	he negligent acts or omissions of its employees, officers, or director's, to the	
extent allowed by law.	te negligent acts of offissions of its employees, officers, of directors, to the	
8) Either party may terminate this subaward with thirty days written notice	e to the appropriate party's Contact as shown in	
Attachment 2.		
By an Authorized Official of Prime Recipient	By an Authorized Officials of Subrecipient	
	,	
Elizabeth Dickinson Acting Director, Office of Sponsored Programs	Date	
Acting Director, Office of Sportsored Programs		
Procurement Services Date		
	1	

	Subaward Number:
Attachment 2 - Prime Recipient Contacts	
Institution/Organization ("Prime Recipient")	
Name:	
Address:	
City: State:	ZipCode:
Administrative Contact	
Administrative Contact	
Name:	
Address:	
City: State:	ZipCode:
Telephone: Fax:	
Email:	
Principal Investigator	
Name:	
Address:	
City: State:	ZipCode:
Telephone: Fax:	
Email:	
Financial Contact	
Name:	
Address:	
City: State:	ZipCode:
Telephone: Fax:	,
Email:	
Littoii.	
Authorized Official	
Name:	
Address:	
City: State:	ZipCode:
Telephone: Fax:	
Email:	
Email.	Version 08-20-13