

External Entity Proposal Form (Subrecipient Determination)

Please provide the following information regarding your grant and the proposed external entity to submit to [SFA](#) for review

Part 1: Prime Award Information

Which best describes the award's funding source?

Principal Investigator (PI)

Prime Award Agency

Subaward Entity (if any)

Proposal/Project Title

Proposal Submission
(expected) or Award date

WMed Subaccount (if any)

Part 2: Subrecipient/Contractor Classification Determination*

For the purpose of carrying out the Prime Award, the proposed external entity (check all boxes- in either category- that describe the proposed relationship)

Subcontract (for the purpose of obtaining goods/services for WMed):

Provides the goods and/or services within entity's normal business operations.

Will primarily provide goods and/or services for WMed's own use.

Will provide goods and/or services which are ancillary to the operations of the Prime Award/ the purposes of the funded program.

Normally operates in a competitive environment and/or provides similar goods or services to many different purchasers.

Subaward (for the purpose of carrying out a portion of the Prime Award):

Will have its performance measured relative to whether award/program goals or tasks are completed as specified by the Prime award.

Will have some programmatic decision making, will participate in program design/conduct, or will make some decisions on award funding allocations.

Will have an individual who functions as a Co-Principal Investigator (and/or who is designated at the subrecipient entity as Principal Investigator).

Will, or may, have individuals involved with authorship of publications (or development of other IP) related to the funded program/prime award purpose.

* Classifications are based on the guidance provided in [48 CFR 250.330](#) for federal grants administration.

Part 3: Proposed External Entity Information

Entity Name

Entity Address

Entity Contact Person

Entity Contact's Email

Proposed Co-PI (if any)

Please describe the proposed Scope of Work or goods/services to be provided by External Entity (attach document(s) if needed)

Part 4: WMed Principal Investigator Certification

PI Signature:

Date:

For SPA Use Only: Subr _____