**PRINCIPAL INVESTIGATOR SUBAWARDEE MONITORING ASSURANCE**

**For outgoing subawards requesting an advance of funds**

**(Attach a completed Assurance to eDSP OGS Request)**

To: Division of Sponsored Programs

Re: Subaward to [Organization]

Prime Award #:

Grant Program #:

The University of Iowa is subject to the regulations and requirements of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F 2 CFR 200. This guidance requires monitoring of recipients of subawards using federal funds.

I am requesting an advance of funds for the above referenced subaward:

* I have attached a signed Subrecipient Request for Advance of Funds that has been submitted by the subawardee.
* I have read and understand all UI Subawardee Monitoring Procedures: <https://dsp.research.uiowa.edu/outgoing-subaward-roles-and-responsibilities-principal-investigatordepartment>
* I agree to review and approve all subaward invoices received under this agreement to assure that work is progressing as expected. All invoices should be reviewed in detail to assure that expenses are appropriate, reasonable, allowable, and allocable for the subaward project in accordance with the prime award.
* All advance payments will be reconciled prior to closeout of the subaward.
* All progress reports, financial reports, or other required closeout documents will be collected from the subawardee in a timely manner in order to meet all subaward terms and conditions.
* I have discussed with my DEO, and the department acknowledges it is responsible in the event the subawardee does not adequately perform the work commensurate with the advance payment and/or meet other requirements, including all required supporting financial documentation.

I certify that I understand and will adhere to all subaward monitoring procedures listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEO Signature Date