



Form A  
Subcontract Performance Form  
(Non-competing continuations only)

Account number: \_\_\_\_\_ Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

BMC Principal Investigator: \_\_\_\_\_

Program Administrator: \_\_\_\_\_

Cooperating Institute (subcontract): \_\_\_\_\_

Performance Dates: from \_\_\_\_\_ to \_\_\_\_\_ Budget Dollars: \$ \_\_\_\_\_

1. Does the Cooperating Institute (subcontractor/subrecipient) invoice in a timely manner?

Yes  No

2. Are the amounts invoiced reasonable based on the technical progress of the project?

Yes  No

3. Is the Cooperating Institute satisfactorily performing the Scope of Work?

Yes  No

4. Are the reports/deliverables satisfactory?

Yes  No

If you answered **No** to any of these questions, please describe your plan of action to remedy the situation.

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

I certify 1) that the information submitted above is accurate to the best of the my knowledge; 2) that any false, fictitious, or fraudulent statements or claims may subject me (the Principal Investigator) to criminal, civil, or administrative penalties; and 3) that I (the Principal Investigator) accept the responsibility for the scientific conduct of my project's subrecipients.

PI Signature: \_\_\_\_\_