Subrecipient Certification for Federal and Federal Pass-Through Proposals

PROJECT INFORMATION – to be completed by ORSP

1. ORSP Contact

2. Prime Sponsor

3. Project title

4. Subawardee Budget: Total funding available $_____________

Based on the information provided on this form and the following factors, SFASU will determine the level of risk the subrecipient presents. Subaward contracts will include requirements to ensure proper stewardship of funds.

*Foreign vs. Domestic
*Percent of Work
*Organization Maturity
*Subject to A-133 Audit
*If no A-133, questionnaire results

*Physical location (for site visits)
*Complexity of work
*Prior successful work with SFASU
*Prior audit findings
*Promptness of response during proposal process

Completed upon award:
5. FAIN __________________ (Prime Award #)
6. SFASU Contract # to sub____________________
7. SAM.gov active registration with no active exclusions. Date __________________

Proposal information to be provided by subrecipient (ORSP checks what is required)

Submit the proposal documents requested below in the sponsor’s format unless noted otherwise:

_____ Statement of work
_____ Budget with cost-share
_____ Budget justification with cost-share
_____ Conflict of interest documentation

_____ Letter of commitment signed by ____
_____ Current and pending support
_____ Biographical sketches for key personnel
_____ Other ________________________________

ORSP Rev 6.12.14
**SUBRECIPIENT INFORMATION – to be completed by Subrecipient**

1. Organization Name: 
   ____________________________________________

2. Address with 9-digit zip: 
   ____________________________________________

   ____________________________________________

2. DUNS: ___________________________  3. Federal EIN: ___________________________

4. Are you currently registered in the System for Award Management (SAM) database?  Yes  No

5. Subrecipient PI/PD
   Name: ___________________________  Phone: ___________________________
   Address: ___________________________  Email: ___________________________

6. Subrecipient pre-award contact
   Name: ___________________________  Phone: ___________________________
   Address: ___________________________  Email: ___________________________

7. Subrecipient contract contact
   Name: ___________________________  Phone: ___________________________
   Address: ___________________________  Email: ___________________________

Budget calculations:

8. Total funding requested: $ ______________
   Total Direct: $ ______________  Indirect: $ ______________

9. If allowed by sponsor, indirect costs are based on:
   ____ Subrecipient’s federally-negotiated rate (include copy of NICRA)
   ____ Subrecipient agrees to a reduced rate of ___%  
   ____ Other rate ____%  
   ____ None requested  
   ____ No rate; request 10% rate as allowed by 2 CFR 200 (effective 12/26/14)

10. Cost sharing or matching: Total committed: $ ______________

11. Fringe benefit rate: ______________  If rate differs based on employee, detail rates below or attach a separate page:

*ORSP Rev 6.12.14*
Federal Assurances

1. Conflict of Interest
   ___ Subrecipient certifies that it has a Conflict of Interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F: Responsibility of Applicants for Promoting Objectivity in Research. Subrecipient also certified that, to the best of the institution’s knowledge: 1) all financial disclosures have been made related to all activities that may be funded by or through a resulting agreement and required by its Conflict of Interest policy; and 2) all identified conflicts of interest have or will have been satisfactorily managed reduced to eliminated in accordance with subrecipient’s conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

   ___ Subrecipient does not have an active Conflict of Interest policy and agrees to abide by SFASU’s Conflict of Interest policy (8.2). If yes, submit required SFASU forms.

2. Debarment and Suspension
   ___ Subrecipient certifies that the subrecipient institution, the principal investigator, the project director, or other employee or student participating in this project, is not debarred, suspended or excluded from or ineligible for participation in federal assistance programs or activities (this includes defaulting on federal student loans).

3. Export Control
   ___ Subrecipient acknowledges that it is:
      1) responsible for establishing compliance with federal export laws and procedures; and
      2) an export control officer or other authorized person has reviewed the Subrecipient’s proposal for compliance with federal export control laws.

Program Compliance

1. Responsible Conduct of Research
   ___ Not applicable; proposal is not being submitted to NSF, NIH, NIFA, or entity requiring RCR.

   ___ Subrecipient certifies that it has established a training program that meets the prime sponsor’s requirements for RCR and will provide documentation when requested.

   ___ Subrecipient does not have a training program and agrees to fulfill SFASU’s Responsible Conduct of Research Requirements and will provide documentation when requested.

2. Human Subjects
   ___ Not applicable; project does not involve the use of human subjects in research.

   ___ Project has been approved by the Subrecipient’s Institutional Review Board. Attach approval. Approval Date _____________________

   ___ If proposal is to NIH, check if all key personnel involved completed human subjects training.

ORSP Rev 6.12.14
3. **Vertebrate Animals**
   ___ Not applicable; project does not involve the use of vertebrate animals in research.
   
   ___ Project has been approved by the Subrecipient’s Institutional Animal Care and Use.  
   Attach approval. Approval Date ______________________

**Audit Requirements**

*Upon award: SFASU must have on file either the organization’s annual audit if required under A-133 or other audit/financial status questionnaire to show financial controls before a subaward contract will be issued.*

Subrecipients: Prior to 12/26/14, entities that receive and expend $500,000 or more in federal awards during the fiscal year are required to have a single audit in accordance with OMB Circular A-133. After that date, entities that receive and expend $750,000 or more in federal awards during the fiscal year are required to have a single audit in accordance with 2 CFR 200.

1. Does subrecipient receive an annual audit in accordance with federal regulations? Yes    No

2. If yes:  
   Has an audit been completed for the most recent fiscal year? Yes    No  
   Were there any audit findings related to sponsored projects? Yes    No  

   Attach most recent fiscal year’s audit with this form or submit the following:  
   URL Link to audit report ________________________________  
   Name of Institution audit contact _________________________  
   Address ________________________________________________  
   Phone _____________________ Email ________________________

3. If no:  
   Indicate why the organization is not subject to compliance with audit requirements:  
   ___ Non-profit entity expending less than the threshold per year in federal funds  
   ___ Foreign entity  
   ___ For-profit entity  
   ___ Government entity  

   How often does the Subrecipient organization have a regular audit?  
   Date of last audit: ___________________ Period covered: __________________  

   Submit a copy of the most recent audit or other organization annual fiscal report.
Certification Signatures

The information, certifications and representations above have been read, signed and made by an authorized representative of the Subrecipient.

The appropriate programmatic and administrative personal involved in this grant application are aware of the prime agency’s policy in regard to subawards and are prepared to establish the necessary intra-intuitional agreements consistent with those policies.

___________________________________________
Signature of Subrecipient Authorized Representative

___________________________________________
Printed name

___________________________________________
Title

___________________________________________
Street Address

___________________________________________
City, State and Zip

___________________________________________      __________________________
Email                                  Phone