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|  | **Office of Research and Sponsored Programs** |
| **Federal Subrecipient Data Form** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subrecipient Legal Name:** | | | | | **Mailing Address:** | |
|  | | | | |  | |
| **Employer ID# (EIN):** | | | | | **Name/address of cognizant agency:** | |
| **DUNS+4 #:** | | | | |  | |
| **Fiscal Year Period (from/to):** | | | | |
| **Period of Performance (from/to):** | | | | |  | |
| **Proposal Title:** | | | | | | |
| **Subrecipient Request (in dollars): $** | | | | | **Subrecipient Cost Share, if applicable (in dollars): $** | |
| **CONTACT INFORMATION** | | | | | | |
| **Subrecipient Principal Investigator** | | | | | **Subrecipient Administrative Contact** | |
| Name: | | | | | Name: | |
| Title: | | | | | Title: | |
| Phone: | | | | | Phone: | |
| Email: | | | | | Email: | |
| **Authorized Institutional Signatory** | | | | | **Subrecipient Financial Contact** | |
| Name: | | | | | Name: | |
| Title: | | | | | Title: | |
| Phone: | | | | | Phone: | |
| Email: | | | | | Email: | |
| **The following documents are included in our subrecipient proposal submission:**  SCOPE OF WORK (REQUIRED)  BUDGET & BUDGET JUSTIFICATION (REQUIRED)  SUBRECIPIENT DATA FORM (REQUIRED)  F&A AND FRINGE RATE AGREEMENTS (REQUIRED)  OTHER: | | | | | | |
| **YES** | **NO** | 1. **AUDIT STATUS** | | | | |
|  |  | 1. Does subrecipient receive an annual audit in accordance with OMB Uniform Guidance? | | | | |
|  |  | 2. If “yes”, has audit been completed for the most recent fiscal year? | | | | |
|  |  | 3. If “yes”, were any audit findings reported? (explain any audit findings in comments section below) | | | | |
|  |  | 4. **URL Link to Audit Report**: | | | | |
|  | | 5. If subrecipient does not receive an annual audit in accordance with OMB Uniform Guidance, please select the appropriate box indicating why the subrecipient would not be subject to compliance with OMB certification. | | | | |
|  | *Non-profit entity expending less than $500,000 per year in federal funds* | | | |
|  | *Foreign entity* | | | |
|  | *For-profit entity* | | | |
|  | *Government entity* | | | |
| Comments: | | | | | | |
| **YES** | **NO** | 1. **GENERAL INFORMATION**   If proposal is awarded, appropriate committee approvals must be provided before any subaward can be issued. | | | | |
|  |  | 1. Does this project involve Human Subjects? | | | | |
|  |  | 2. Does this project involve Animal Subjects? | | | | |
|  |  | 3. Does this project involve Radioactive Materials/Radiation? | | | | |
|  |  | 4. Does this project involve Biohazards or rDNA? | | | | |
|  |  | 5. Organization has a written Affirmative Action Plan in compliance with Secretary of Labor (41 CFR 60-1 and 60-2). | | | | |
|  |  | 6. Organization currently debarred, suspended, proposed for debarment, or declared ineligible for federal awards. | | | | |
|  |  | 7. Organization and/or PI has a significant financial interest that may affect, or be perceived to affect, research  results? (If YES, please provide additional information below). | | | | |
|  |  | 8. Organization certifies that it has not used Federal or non-Federal funds for lobbying purposes, pursuant to title  31 U.S.C. section 1352. If YES, complete and submit Standard Form- LLL, “Disclosure Form to Report Lobbying”. | | | | |
|  |  | 9. Organization acknowledges responsibility for ascertaining its compliance with Federal export regulations. | | | | |
|  | | 10. Proposal \_\_ does\_\_ does not require compliance with NSF or NIH Responsible Conduct in Research (RCR).  If required, organization certifies that it maintains an Institutional Plan to meet the RCR requirements. | | | | |
|  |  |
| Comments: | | | | | | |
| **YES** | **NO** | **C. FFATA Information** | | | | |
|  |  | 1. Organization certifies that it is registered in the System for Award Management (SAM). | | | | |
|  | | 2. Location and address of PI’s lab and/or facilities (including congressional district): | | | | |
| 3. Total compensation and names of top five executives (subcontract/subgrant recipients). **You must report**  **executive compensation information for subawardees through SAM if in the preceding fiscal year and provide**  **that same information in 3(c)(i-v) - (**please mark Section 3(a-c) immediately below with an “X” if you deem your  organization to be exempt**):** | | | | |
|  | 3a. Your organization received 80% or more of its annual gross revenues in Federal awards and | | | |
|  | 3b. Those revenues are greater than $25 million annually, and | | | |
|  | 3c. The public does not have access to information about the compensation of the executives through periodic report filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 (U.S.C 78m(a), 78o(d)) or section 6104 of the Internal Revenue code of 1986. | | | |
|  | | | Name | Title | | Salary |
|  | | 3ci. |  |  | | $ |
|  | | 3cii. |  |  | | $ |
|  | | 3ciii. |  |  | | $ |
|  | | 3civ. |  |  | | $ |
|  | | 3cv. |  |  | | $ |
| **YES** | **NO** | 4. Is work being performed outside of Congressional District listed above in (C.2)? | | | | |
| If “YES” to this question, list separate entry for each location. | | | | | | |
|  | | 5. Location and address of PI’s lab and/or facilities (including congressional district) where work is being performed outside of Congressional District shown in C.2 (only provide if answered YES to Section 4). | | | | |

The information, certifications and representations have been read, signed and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of the prime agency’s policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

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Signature & title of authorized official Date signed