|  |  |
| --- | --- |
|  | **Office of Research and Sponsored Programs** |
| **Non-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** | **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? | |

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 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.

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

Signature & title of authorized official Date signed