

TUSKEGEE UNIVERSITY SUBRECIPIENT FORM

Office of Sponsored Programs

TU INFORMATION

TU PI :

PRIME SPONSOR:

PROPOSAL TITLE:

PERIOD OF PERFORMANCE:

TOTAL FUNDS REQUESTED:

SECTION A - SUBRECIPIENT INFORMATION

1. SUBRECIPIENT ORGANIZATION INFORMATION

LEGAL NAME:

ADDRESS:

2. PRINCIPAL INVESTIGATOR INFORMATION

NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

3. FINANCIAL CONTACT INFORMATION

NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

4. ADMINISTRATIVE CONTACT INFORMATION

NAME:

ADDRESS:

PHONE:

EMAIL:

FAX:

5. PERFORMANCE SITE (only if different) ADDRESS:

6. AUTHORIZED OFFICIAL CONTACT INFORMATION

NAME:

TITLE:

ADDRESS:

PHONE:

EMAIL:

FAX:

7a. CONGRESSIONAL DISTRICT OF ORGANIZATION:

7b. CONGRESSIONAL DISTRICT PERFORMANCE SITE:

8. SUBRECIPIENT'S Tax ID NUMBER (EIN/TIN):

9. ENTITY'S Fiscal-Year-End date

10. IS SUBRECIPIENT CURRENTLY REGISTERED
IN SAM.gov?

☐

YES

☐

NO

11. IS SUBRECIPIENT EXEMPT FROM
REPORTING EXECUTIVE COMPENSATION?

☐

YES

☐

NO

12. SUBRECIPIENT'S UEI NUMBER:

13. ASSISTANCE LISTING NUMBER, IF KNOWN:

SECTION B – SPECIAL REVIEW AND CERTIFICATIONS

1. Facilities & Administration Rates included in this proposal have been based on:

- ☐ Subrecipient federally-negotiated F&A rates for this type of work, or a reduced F&A rate that the Subrecipient hereby agrees to accept. *If this box is checked, a copy of the Subrecipient's F&A rate agreement must be furnished to TU before this proposal will be submitted or URL provided:*
- ☐ 15% de minimis indirect cost rate elected in accordance with 2 CFR § 200.414(f). The subrecipient certifies that it does not have a current federally negotiated indirect cost rate that must be applied.
- ☐ Not applicable (no indirect cost requested for the Subrecipient)
- ☐ Current federally negotiated rate
- ☐ 15% de minimis MTDC rate
- ☐ Sponsor-mandated or statutory rate
- ☐ Voluntarily reduced or waived rate
- ☐ No indirect costs requested

2. Fringe Benefit (FB) Rates applied in this proposal are based on:

- ☐ Our federally negotiated FB rates for this type of work, or reduced FB rates that we hereby agree to accept. Attach copy of your FB rate agreement or provide breakdown of rate calculation.
- ☐ Other rates (*specify the basis on which the rate has been calculated in Section E Comments below*)

3. Cost Sharing:

- ☐ Yes Amount: \$ (Cost sharing amounts and justification must be included in the Subrecipient's budget)
- ☐ No

SECTION B – SPECIAL REVIEW AND CERTIFICATIONS

3. Research Compliance Information (check as applicable):

- ☐ **Human Subjects** will be involved in the Subrecipient's portion of this project.
Please Note: Copies of the Institutional Review Board (IRB) Committee approval and approved "Informed Consent" must be provided before a subaward will be issued.
- ☐ **Animal Subjects** will be involved in the Subrecipient's portion of this project.
Please Note: Copies of IACUC approval must be provided before a subaward will be issued
- Does the proposal involve research with any of the following (please check all that apply)
- ☐ Radioactive Materials or Machine Produced Radiation
- ☐ Potential Biological or Neurotoxin Hazards
- ☐ Does this study involve the use of materials provided by the sponsor or any other party?
- ☐ Nanomaterials
Please Note: Copies of IBC approval must be provided before a subaward will be issued

4. Financial Conflict of Interest (check all that apply):

- ☐ Not applicable because this project is not being funded by PHS or any other sponsor that has adopted federal financial disclosure requirements.

* Link to FDP site for Agencies Using the PHS FCOI Regulations: http://sites.nationalacademies.org/PGA/fdp/PGA_070596

☐ Subrecipient hereby certifies that it has an active and enforced 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 certifies that, to the best of Subrecipient's knowledge, 1) all financial disclosures have been made related to the 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 or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditures of any funds under any resultant agreement.

☐ Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by TU's policy.

5. Debarment and Suspension:

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?

☐ No

☐ If yes, please explain:

The organization/institution certifies that it:

☐ is NOT presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts

☐ is NOT presently indicted for, or otherwise criminally or civilly charged by a governmental entity

☐ within three (3) years preceding this offer, has NOT been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property

6. Responsible Conduct of Research:

☐ Project is being funded by NSF, NIH or USDA NIFA. The Subrecipient certifies, if applicable, that it maintains an Institutional Plan to meet the prime sponsor's requirements for the Responsible Conduct of Research

7. Export Control:

Subrecipient is individually responsible for ascertaining its compliance with Federal Export laws and procedures.

☐ By checking this box, Subrecipient certifies that an Export Control Officer, or other Authorized Person, has reviewed the Subrecipients proposal for compliance with Federal Export Control laws. Explain potential problems in the comments section at the end of this form.

SECTION C – AUDIT STATUS

1. Is Subrecipient subject to OMB Uniform Guidance?

☐ Yes – Please complete section a. below

☐ No – Please complete section b. below

a. Most recent fiscal year audit completed:

Year:

URL for the Subrecipient's most recent audit:

Where any Audit Findings reported:

☐ Yes ☐ No

If "yes" please provide details in Section E, Comments

b. Did the organization expend \$1,000,000 or more in federal awards during its most recently completed fiscal year for which the revised 2 CFR part 200 audit threshold applies?

☐ Yes ☒ No

Please provide the following:

- Fiscal year covered
- Total federal expenditures
- Whether a Single Audit or program-specific audit was required
- Federal Audit Clearinghouse link
- Whether findings, questioned costs, material weaknesses, or significant deficiencies were reported
- Corrective action plan, if applicable
- Explanation when an audit was required but has not been completed.

For subrecipients below the threshold, TU may conduct alternative monitoring, such as a financial questionnaire, desk review, or limited-scope review. Being below the Single Audit threshold does not exempt a subrecipient from other Uniform Guidance requirements or from TU monitoring.

Subrecipient is a : ☐ Non-profit entity (under Federal funding threshold)

☐ Foreign entity

☐ For-profit entity

☐ Government entity

If a Subrecipient does not receive a 2 CFR 200.500 audit, TU may require Subrecipient to complete an Audit Certification and a financial status questionnaire as well as a limited scope audit before a subaward will be issued.

SECTION D – PROPOSAL DOCUMENTS

Please attach the following documents and return with this signed form

☐ Statement of Work

☐ Budget and Budget Justification

☐ Other

SECTION E – COMMENTS	

SECTION F – AUTHORIZED OFFICIAL APPROVAL					
APPROVED BY SUBRECIPIENT: The information, certifications and representations above 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. Any work begun and/or expenses incurred prior to execution of a subrecipient agreement are at the subrecipient's risk. <table border="0"><tr><td style="width: 50%; text-align: center;">_____ Signature of Subrecipient's Authorized Official</td><td style="width: 50%; text-align: center;">_____ Date</td></tr><tr><td colspan="2" style="text-align: center;">_____ Name and Title of Authorized Official</td></tr></table>		_____ Signature of Subrecipient's Authorized Official	_____ Date	_____ Name and Title of Authorized Official	
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