

Please have this form completed by someone who (a) is knowledgeable about your organization's business processes and (b) possesses information on the scope of work to be carried out by your organization's Principal Investigator/ Project Director. The form must be approved and signed by your organization's Authorized Organizational Representative (AOR). This is the individual who has the authority to legally bind your organization in grants administration matters.

SECTION A: Clemson University Proposal Information – *To be completed by the CU PI (or delegate) prior to submission to OSP*

Name of Clemson University PI:

Proposal(PPN)#:

Title of Proposal:

Name of Subrecipient:

Proposed Subrecipient Period of Performance - From:

To:

SECTION B: Subrecipient Eligibility – *To be completed by the Subrecipient prior to submission to OSP*

- 1 **Yes** **No** Is your organization registered in SAM.GOV?

- 2 **Yes** **No** Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?

- 3 **Yes** **No** Is your PI (or any other employee/student planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?

- 4 **Yes** **No** Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity? activities?

- 5 **Yes** **No** Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?

Note: Attach an explanation for any "Yes" answer to questions 2-5 above.

SECTION C: Subrecipient Information – *To be completed by the Subrecipient prior to submission to OSP.*

Please complete all fields below as any left incomplete will result in a delay with subaward being issued.

Legal Name:		
Subrecipient Organization Type: University Other Non-profit Industry/For-profit Other		
Name of Subrecipient's Project Director/PI (Required):		Phone: Email:
Amount of Funding Requested:	Amount of Cost-Sharing Committed:	NA:
Organizations' Address: Include ZIP Code + 4 or other postal code: Congressional District (if in U.S.):		Administrative Contact Name: Email:
Performance Site's Address (if different from above): Include ZIP Code + 4 or other postal code: Performance Site's Congressional District (if different from above and in U.S.):		Financial Contact Name: Email: Payment Remit to Address:
Domestic Organizations: Federal Employer Identification Number (EIN): UEI #: (Unique Entity Identifier) CAGE Code: (Commercial and Government Entity)		International Organizations: UEI #: (Unique Entity Identifier) NAIS Code: (North American Industry Classification System) (NCAGE) Code:

SECTION D: Certifications – *To be completed by the Subrecipient prior to submission to OSP.*

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on (check as applicable):

Our federally negotiated F&A rates for this type of work. (Attach a copy of your F&A rate agreement or provide a link.)*

URL:

15% MTDC De Minimis F&A rate per 2 CFR 200 (Federal only: See form instructions.)

Other rates (Attach a description of the basis on which the rate has been calculated.) *

Not applicable (Subrecipient is not requesting payment of F&A costs.) *

2. **Fringe Benefit Rates** included in this proposal have been calculated based on (check as applicable):

Federally negotiated rates. (Attach a copy of your organization's composite employee rate projections or your federally negotiated rate agreement. Alternatively provide a URL link to this information.) *

URL:

Other rates (please attach a description of the basis on which the rates have been calculated)

3. **Research Subject Compliance Information** (check as applicable):

Yes **No** Are Animal Subjects to be used for this project?

If "Yes", enter IACUC protocol number

and approval date:

Yes **No** Will Human Subjects be involved in the subrecipient's portion of this project?

If "Yes," provide your organization's Federal Wide Assurance #:

If "Approved", enter protocol number:

and approval date:

Yes **No** Will Animal Subjects be involved in subrecipient's portion of this project?

4. **Responsible Conduct of Research (RCR) (for NSF-funded projects only):**

Yes **No** My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Act" PUBLIC LAW 110-69-August 9, 2007.

Yes **No** My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR requirements.

5. **Conflict of Interest:**

Subrecipient 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 the 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 but hereby agrees to establish one as a condition of accepting the award. Subrecipient may refer to the National Institute of Health at this address for the Checklist for Policy Development:

https://grants.nih.gov/grants/policy/coi/checklist_policy_dev_20120412.pdf

6. **Lobbying (for U.S. federal projects only):**

Yes **No** My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. (If "No," attach explanation. *

SECTION E: Subrecipient's Authorized Official Representative (AOR) Approval

7. Audit Status / Fiscal Responsibility:

Yes **No** Does your organization receive an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133)?

If "No," please indicate why your organization is not subject to §200.514/A-133 audit requirements:

My organization is a non-profit that expended less than \$1,000,000 in U.S. federal funds during our previous fiscal year.

My organization is a foreign entity.

My organization is a for-profit entity.

My organization is a U.S. government entity.

Note: Your organization will be required to confirm that it still is not subject to A-133/Uniform Guidance Single Audit requirements and fill out a Financial and Certification questionnaire prior to the establishment of a sub agreement.

8. Foreign Subrecipients

If subrecipient is a foreign entity, and a subaward/subcontract is issued, subrecipient agrees to provide access to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as required by the prime funding agreement.

I certify that my organization is correctly categorized as a Subrecipient and is not a contractor. The information provided in our proposal and on this form is true and correct, and my organization will honor any commitments made in our proposal. I am the authorized official representative (AOR) of the Subrecipient named herein, and I have the authority to legally bind my organization in grants administration matters. I understand that: (a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement will be at my organization's own risk, and (b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

Date: Name and Title of Authorized Official: Email: Phone: Fax: Signature of Subrecipient's Authorized Official	If Subrecipient is owned or controlled by a parent entity, please provide the following information: Parent Entity Legal Name: Parent Entity Address, City, State, ZIP+4: Parent Entity Congressional Parent Parent Entity UEI: Parent Entity EIN:
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Note: PLEASE REMEMBER TO INCLUDE ALL REQUIRED ATTACHMENTS.