

University of South Florida Research & Innovation
 Sponsored Research
 3702 Spectrum Blvd., Suite 165
 Tampa, FL 33612

USF Internal Use Only	
Proposal Deadline	_____
Date of Receipt	_____
Approved as Subrecipient	_____

**Subrecipient Information and Compliance Certification Form
 for Non-Federal Demonstration Partnership (FDP) Expanded Clearinghouse Participants**

Subrecipients, as defined in section B below, who anticipate funding under a federal or non-federal award must complete this form. It provides a checklist of documents and certifications required by prime sponsors and it must be endorsed by your entity’s authorized institutional representative prior to execution of the subagreement.

SECTION A—Prime Proposal Information

USF Principal Investigator _____

Submitted Proposal Title _____

Prime Sponsor _____

Federal Award Identification No. (FAIN) _____ Performance Period _____

SECTION B—Subrecipient Requirements and Responsibilities

Before submitting this form for USF’s review, please ensure that your entity fits the characteristics of a *Subrecipient* rather than a *vendor or subcontractor* as illustrated in the table below. Please check all that apply.

Subrecipient	Contractor/Vendor
<input type="checkbox"/> Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program	<input type="checkbox"/> Provides goods or services that are ancillary to the operation of the state or Federal program
<input type="checkbox"/> Will use sponsor’s funds to carry out a program for a public purpose, as opposed to providing goods or services for the benefit of USF	<input type="checkbox"/> Provides the goods or services purchased with State or Federal funds within normal business operations
<input type="checkbox"/> Is responsible for adhering to applicable program requirements specified in the award	<input type="checkbox"/> Provides similar goods or services to many different purchasers
<input type="checkbox"/> There is an identified principal investigator for the Subrecipient who has responsibility for making programmatic decisions	<input type="checkbox"/> Is not subject to the compliance requirements of the sponsored program as a result of the agreement with USF
	<input type="checkbox"/> Normally operates in a competitive environment

For the purpose of this proposal, my organization is categorized properly as a Subrecipient as described above thereby making it subject to the prime proposal’s terms and conditions. YES NO

If your institution does not meet the criteria outlined above for a Subrecipient or if you are unsure, please contact the USF PI about procuring your organization’s products and services as a contractor PRIOR to completing the remainder of the form.

SECTION C—Subrecipient Information

Subrecipient’s Legal Name (must match registered name in SAM):

Address:

UEI#: _____

EIN #: _____

Congre
ssional District: _____

Subrecipient’s PI:

Performance Site Address:

Phone: _____

Facsimile: _____

Email: _____

Subrecipient’s Administrative Contact:

Address:

Phone: _____

Facsimile: _____

Email: _____

Subrecipient’s Financial Contact:

Address:

Phone: _____

Facsimile: _____

Email: _____

Subrecipient’s Authorized Official:

Address:

Phone: _____

Facsimile: _____

Email: _____

Type of Organization:

<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Business	<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Alaska Native Corporation
<input type="checkbox"/> Historic Black College or University	<input type="checkbox"/> Minority Institution	<input type="checkbox"/> Other: _____	

<input type="checkbox"/> For- Profit	<input type="checkbox"/> Non- Profit	<input type="checkbox"/> Not-for-Profit
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<input type="checkbox"/> Domestic	<input type="checkbox"/> Foreign
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Age of Entity: _____ **Number of Full-Time Employees:** _____ **Number of Part-Time Employees:** _____

Is Subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov) YES NO

If **NO**, organizations that have not registered with CCR will need to obtain a DUNS number first and then access the CCR online registration through the SAM (System for Award Management) home page at <https://www.sam.gov> (U.S. organizations will also need to provide an Employer Identification Number from the Internal Revenue Service that may take an additional 2-5 weeks to become active). Completing and submitting the registration takes approximately one hour to complete and your CCR registration will take 3-5 business days to process. Subrecipient *must* maintain current CCR information in SAM.

Subaward Information:

Prime Sponsor:

Federal, State or Local Government Nonprofit Cooperative or For Profit

Type of Prime Award:

Grant Cooperative Agreement Other

Subaward Payment Mechanism:

Fixed Price Cost Reimbursable

Amount of Subaward: \$ _____ **Direct Costs:** \$ _____ **Subaward Period:** _____

Maturity of Subrecipient's Accounting System:

≥ Five (5) Years ≤ Five (5) Years

Maturity of Subrecipient's Accounting Staff:

≥ Five (5) Years ≤ Five (5) Years

SECTION D—Proposal Documents

The following documents, included in our subaward proposal submission, are covered by the certifications below:

- Statement of Work (Required)
- Budget and Budget Justification (Required)
- Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (if required by prime sponsor)
- Biosketches
- Other: _____

SECTION E—Special Review and Certifications

Where applicable, please enlist the aid of your organization's accountable financial officer to complete the following questions.

1. **Facilities & Administrative Rates** included in this proposal have been calculated based on the following:

- Our federally negotiated F&A rate for this type of work.
- No federal negotiated rate and we hereby agree to accept the 10% de minimis MTDC rate as a Subrecipient.
In the case of NIH: NIH will continue to reimburse F&A costs to foreign and international organizations at a rate of 8% of modified total direct costs (MTDC) less only equipment.
- A reduced F&A rate dictated by the prime sponsor that we hereby agree to accept.
Rate: Base:
- Other rates (please specify basis/rationale in Section G). Rate: Base:
- Not applicable (no indirect cost are requested). If checked, please specify rationale in Section G.
- Indirect costs are not separately requested as costs are fully burdened.

2. **Fringe Benefit Rates** included in this proposal have been calculated based on the following:

- Rates are consistent with our federally negotiated rates.
- Other rates (please specify in Section G the basis on which the rate has been calculated)
- Fringe Benefits are not separately requested as costs are fully burdened.

3. **Does the study involve Human Subjects?** YES NO

a. **Is the study EXEMPT** Exemption Category _____

If YES, documentation of IRB approval is required.

- Have all key personnel completed human subjects' training at the Subrecipient's institution?

YES NO

If **YES** and NIH funding is involved:

Please provide Federalwide Assurance Number (FWA) #

If you do not have a FWA number on file, you will need to apply for one and provide it to USF before the subaward will be issued. If you plan to rely on the review and approval of the USF IRB, please provide a copy of the fully executed IRB Authorization Agreement or Individual Investigator Agreement. If you do not yet have one, please contact the USF IRB Office at 813-974-5638 or via email at rsch-arc@usf.edu for further instructions.

4. **Does the study involve Animal Subjects?** YES NO

If **YES**, please provide documentation of IACUC approval and Memorandum of Understanding as necessary.

If **YES** and NIH funding is involved:

Please provide your institution's PHS Animal Welfare Assurance (AWA) Number.

PHS Assurance No.: Expiration Date:

If you do not have an AWA number on file, you will need to apply for one and provide it to us before any subaward will be issued.

5. **Does the study involve Recombinant DNA, Infectious agents, Biological toxins, Select agents/toxins or other biologic?** YES NO

If **YES**, a copy of your Institutional Biosafety Committee approval may be required.

6. Does the study involve the use of radioactive isotopes? YES NO

If **YES**, contact the USF Radiation Safety Officer at (813) 974-1194.

7. Does the study involve the use of any Class 3b or 4 lasers? YES NO

If **YES**, contact the USF Radiation Safety Officer at (813) 974-1194.

8. **Does the study involve the use of Stem Cells** YES NO

9. If **YES**, a copy of the relevant review committee approval may be required. **Does the study involve Large Scale Human or Non-Human Genomic Data which will be submitted to dbGaP?**

Applicable to projects funded by NIH, including NIH flow-through, involving research projects that generate large-scale human or non-human genomic data. For applicability, please refer to the full policy at <http://gds.nih.gov/03policy2.html>.

Not applicable.

Subrecipient's project involves generating large scale human genomic data which will be submitted to dbGaP. Documentation of an approved consent form and an Institutional Certification will be required prior to the award, at the "Just in Time" stage.

- Subrecipient's project, although funded by NIH and involving generation of large scale human genomic data, will not be submitted to dbGaP. Provide clarification in Section G.

10. Financial Conflict of Interest – National Science Foundation (NSF)

Applicable to projects funded by NSF, including NSF flow-through or any sponsor following NSF's Grantee Standards for financial conflicts of interest.

- Not applicable because this project is not being funded by NSF or any other sponsor following NSF's Grantee Standards for financial conflicts of interest.
- Subrecipient organization/institution hereby certifies that it has an active and enforced policy on financial conflicts of interest consistent with the provision of NSF's Proposal & Award Policies & Procedures Guide (PAPPG).
- Subrecipient does not have an active and/or enforced conflict of interest policy consistent with the NSF's PAPPG and hereby agrees to abide by NSF's COI policy.

To view NSF's COI policy, please visit <http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-0-309.pdf> or <http://www.research.usf.edu/dric/>.

11. Financial Conflict of Interest – U.S. Public Health Service (PHS)

Applicable to projects funded by PHS, or any [sponsor that adheres to 42 CFR Part 50, Subpart F and 45 CFR Part 94](#).

- Not applicable because this project is not being funded by PHS or any other sponsor that adheres to 42 CFR Part 50, Subpart F or 45 CFR Part 94.
- Subrecipient organization/institution hereby certifies that it has an active and enforced policy regarding financial conflicts of interest consistent with the provision of 42 CFR Part 50, Subpart F and 45 CFR Part 94.
- Subrecipient is registered as an organization with a PHS-compliant Financial Conflict of Interest policy with the FDP Clearinghouse (http://sites.nationalacademies.org/PGA/fdp/PGA_070596).
- Subrecipient does not have an active and/or enforced conflict of interest policy consistent with 42 CFR Part 50, Subpart F and 45 CFR Part 94, and hereby agrees to abide by NSF's COI policy.

To view NSF's COI policy, please visit <http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-0-309.pdf> or <http://www.research.usf.edu/dric/>.

12. Responsible Conduct in Research (RCR) Training

Applicable to projects funded by NIH and NSF or any other programs requiring Responsible Conduct in Research Training.

- Not applicable because this project is not being funded by NIH or NSF or any other programs requiring RCR Training. Please note that RCR training is only required by NIH for specific awards. For more information, please see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-019.html>.
- Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this NIH or NSF proposal will be trained on the oversight in the responsible and ethical conduct of research.

13. Debarment, Suspension, Proposed Debarment

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? YES NO

If YES, please explain in Section G.

If NO, the Organization certifies that all key personnel (please answer all of the questions below):

- are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.
- are not presently indicted for, or otherwise criminally or civilly charged by a government agency.
- have not within three (3) years preceding this offer, 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 commissions of 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.
- have not within 3 years preceding this offer, had one or more contracts terminated for default by any federal agency.

14. **Cost Sharing** YES NO

If YES, explanation of Cost Sharing sources *must* be included in the Subrecipient's budget. Please note that an annual verification of cost share commitment will be required.

If YES and federal funding is involved, cost sharing commitment must be in accordance with 2 CFR §200.306.

15. **Is this project subject to Export Control** requirements? YES NO

If YES, Subrecipient certifies that an Export Control Officer or other authorized person has reviewed the Subrecipient's proposal for adherence with Federal Export Control laws and procedures. Subrecipient and/or Institution will be individually responsible for ensuring compliance with applicable Federal Export laws and procedures as outlined in the subcontract.

16. **Federal Funding Accountability and Transparency Act (FFATA) (Applies to subawards derived from Federal funds which exceed \$25,000 in total)** APPLICABLE NOT APPLICABLE

If the Federal Funding Accountability and Transparency Act (FFATA) is applicable, is your organization exempt from reporting the names and total compensation of the five (5) most highly compensated officers of the Subrecipient entity? EXEMPT NOT EXEMPT

If EXEMPT from reporting currently, please skip to the next question on the form.

If NOT EXEMPT, please provide the names and total compensation of the five (5) most highly compensated officers of the Subrecipient entity if the following criteria apply: i) Recipient received more than 80% or more of its annual gross revenues in Federal awards in the preceding fiscal year—including, Federal contracts and subcontracts, loans, grants, and/or cooperative agreements; ii) Recipient received \$25,000,000 or more in annual revenues from Federal awards; and iii) The public does not have access to information regarding the compensation of the entity's senior executives through periodic reports filed under section s13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78(d) or section 6104 of the Internal Revenue Code of 1986 [26 U.S.C. 6104).

Total Compensation for Entity's Top Five Executives	
Name	Amount of Compensation
1.	
2.	
3.	
4.	
5.	

17. **Lobbying (Applicable to U.S. Federal projects only)** YES NO NOT APPLICABLE

If **YES** and funds allocated under this subagreement are expected to exceed \$100,000, the entity certifies that it is in compliance with the requirements of 31 U.S.C. 1352, which limits the use of appropriated funds to influence certain Federal contracting and financial transactions.

18. **Telecommunications Assurances (Applicable to work being done aboard & Foreign Entities)**
YES NO NOT APPLICABLE

Does Subrecipient own, use or have a contract to obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system? As described in Public Law 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities). (2 CFR §200.216 and 2 CFR §200.471) https://www.govregs.com/regulations/title2_chapterII_part200_subpartC_section200.216 and <https://www.govregs.com/regulations/2/200.471>.

If **YES**, please expand further. _____

SECTION F—Audit

1. Was the Subrecipient required to conduct an annual audit in accordance with the Federal Single Audit Act of 1984, the Florida Single Audit Act of 1998 or the Uniform Guidance Subpart F, Audit Requirements for the most recent Audit year? *YES NO
- a) Was an audit performed in accordance with the Federal Single Audit Act or the Florida Single Audit Act completed for the most recent fiscal year? YES NO
- If **NO AND** no audit was completed **OR** if Subrecipient is not subject to the Single Audit Act or Uniform Guidance, provide clarification in Section G and complete and attach a Mini-Audit Questionnaire ([Mini Audit Questionnaire](#)). A limited-scope audit may be required before a subaward can be issued.
- b) Were there any audit findings reported? YES NO

* If YES is checked, please provide further clarification in Section G.

Please note that Subrecipients subject to the Single Audit Act of 1984 (amended in 1996) must submit the Single Audit reporting package for FY 2014 and later to the Federal Audit Clearinghouse's (FAC) Internet Data Entry System (IDES) at <https://harvester.census.gov/facweb/>.

2. All applicable Subrecipients **must** furnish USF with either an Internet URL link to a complete copy of the entity's most recent audit report or provide a copy of the report itself in its entirety before a subaward will be issued. URL: _____

SECTION G—Comments (please attach additional pages, if necessary)

AUTHORIZED INSTITUTIONAL APPROVAL

By signing below, I certify that I am the authorized institutional official and the information and representations made herein are true and accurate. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies 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 subaward agreement are at the Subrecipient's own risk. No work involving human subjects and/or animals may begin until the Subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.**

Signature of Subrecipient's Authorized Institutional Official

Typed Name of Subrecipient's Authorized Institutional Official

Title of Subrecipient's Authorized Institutional Official

Date