

Section A - WOU Proposal/Award Information

To be completed by institution issuing the subaward:

PI Name	PI Department		
Prime Sponsor	Start Date	End Date	Solicitation No
Title			

Section B - Subrecipient Eligibility

To be completed by Subrecipient Organization:

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

Section C - Subrecipient Information

To be completed by Subrecipient Organization:

Institution's Legal Name			
Address	City	State	Zip Code
EIN	DUNS	Congressional District	Institution Type
Registered in SAM? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check if institution is: <input type="checkbox"/> Less than or equal to 5 years old <input type="checkbox"/> HUB-Zone or small disadvantaged business		
Administrative Contact Name		Title	
Administrative e-mail		Administrative Phone	

Performance Site Address

Address same as above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide performance site address below		
Address	City	State	Zip Code
DUNS	Congressional District		

Subrecipient PI		
Subrecipient PI Name	Department	Phone
E-mail	eRA Commons username <small>NIH proposals only</small>	

Subrecipient Budget Request			
Total Costs \$	Direct Costs \$	Indirect Costs \$	Cost-Sharing <small>Must be in budget and budget justification</small> \$

Section D – Certifications
<i>To be completed by Subrecipient Organization:</i>
Facilities & Administrative Rates including in this proposal have been based on:
Our federally negotiated F&A rates for this type of work. Please provide a copy of your current F&A rate agreement or provide a link.
<input type="checkbox"/> URL:
<input type="checkbox"/> 10% MTDC De Minimis F&A rate per Uniform Guidance (2 CFR 200)
<input type="checkbox"/> Rate allowed by sponsor: _____
<input type="checkbox"/> Other – please explain in Section F – Comments

Fringe Benefit Rates including in this proposal have been calculated based on:
<input type="checkbox"/> Our federally negotiated rates. Please provide a copy of your current rate agreement or provide a link. URL:
<input type="checkbox"/> Other rates – please explain in Section F – Comments

Compliance Information	
Human Subjects: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vertebrate Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No
Institutional Assurance No.	Animal Welfare Assurance No.
Approval Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approval Date <small>if approved</small>	Approval Date <small>if approved</small>
IRB approval must be provided before a subaward will be issued.	IACUC approval must be provided before a subaward will be issued.

Financial Conflict of Interest

- 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: <https://thefdp.org/default/fcoi-clearinghouse/fcoi-agencies/>

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 or through a resulting agreement, and required by its conflict of interest policy; and (2) all identified conflicts of interest have been or will have been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditure 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 WOU's policy. WOU's policy is available at: https://www2.wou.edu/nora/policy.entry.view_policy/?ppolicyid=799

Responsible Conduct of Research

- Not applicable because this project is not being funded by NSF, NIH, or other sponsor that required RCR or training in the ethical conduct of research.

Subrecipient hereby certifies that it will ensure that all undergraduate, graduate students and postdoctoral researchers who will be supported by NSF/NIH (or other, if appropriate) funded project will be trained on the responsible and ethical conduct of research.

Lobbying (for U.S. Federal projects only)

- Yes No
- My organization certifies that no payments have been paid to any person for influencing or attempting to influence an officer or employee for any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this project. If "No", please provide an explanation in Section F - Comments.

Section E - Audit Status

To be completed by Subrecipient Organization:

- Yes No My organization is subject to audit under the OMB Uniform Guidance, 2 CFR 200 (Formerly A-133).

If "No", please indicate why your organization is not subject to OMB Uniform Guidance audit requirements:

- My organization is a non-profit that expended less than \$750,000 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.

If "Yes", please respond to the following:

Has your organization's Uniform Guidance audit been completed for the most recent fiscal year? Yes No

Were there any funding or exceptions noted? If "Yes", please explain in Section F - Comments. Yes No

Please provide a complete copy of your most recent single audit report or provide the URL link to a complete copy.

URL: _____

Section F – Comments

To be completed by the Subrecipient organization: (if more room is needed please attach additional sheets with “Section F” listed on title)

Section G – Subrecipient Authorized Official Representative (AOR) Approval

To be completed by the Subrecipient organization:

With signature that follows, the Authorized Official Representative certifies that the information on this form is true and correct. In addition, Subrecipient certifies that it has the appropriate resources, expertise, and experience to carry out the scope/statement of work for this project and can complete the scope/statement of work within the budgetary limits requested for this project. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient’s own risk.

Signature of Subrecipient’s AOR

Date Signed

Name and Title of Subrecipient’s AOR