



Sub-recipient Information and Compliance Form (Pre-Award)

All sub-recipient institutions must complete the following Sub-recipient Information and Compliance form when submitting a sub-award proposal to Grand Valley State University (GVSU).

Sub-recipient Name:

Sub-recipient PI Name:

E-mail :

Phone:

Sub-recipient Address:

City:

State:

Zip +4

Address where project will be performed:

City:

State:

Zip +4

Proposal Title:

Performance Period Begin Date:

End Date:

GVSU PI Name:

Prime Sponsor:

SECTION A Proposal Documents

The following documents are included in our proposal submission and covered by the certifications below (check as applicable):

STATEMENT OF WORK (required)

BUDGET AND BUDGET JUSTIFICATION (required)

LETTER OF COMMITMENT signed by sub-recipient AOR (required)

Bio-sketches of all Key Personnel, in agency-required format

Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format

Other:

SECTION B Certifications

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

Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.

(If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement.)

Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below)

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

Rates consistent with or lower than our federally-negotiated rates

(If this box is checked, please attach a copy of your FB rate agreement or provide a URL link to the agreement.)

☐ Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below).

3. **Systems for Awards Management :** Does your organization maintain current, accurate information on the Systems for Awards Management (SAM) website (<http://www.sam.gov>)? **Yes** **No**

What is the current registration expiration?

4. **Small Business Concern Yes No**

Sub-recipient represents that it is a small business concern as defined in 13 CFR 124.1002.

If "Yes": Sub-recipient represents that it is a:

Small disadvantaged business as certified by the Small Business Administration
Women-owned small business concern
Veteran-owned small business concern
Service-disabled veteran-owned small business concern
HUB Zone small business concern

5. **Cost Sharing Yes No Amount:**

Cost sharing amounts and justification should be included in the sub-recipient's budget

6. **Human Subjects Yes No Pending Approval Date:**

If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided before any sub-award will be issued. Please forward these documents to GVSU's Office of Sponsored Programs as soon as they become available. In accordance with GVSU policy, GVSU's IRB must conduct a secondary review of the sub-award work and issue a companion approval before any sub-award will be issued.

If "Yes": Have all key personnel involved completed Human Subjects Training? Yes No

7. **Animal Subjects Yes No Pending Approval Date:**

If "Yes": A copy of the IACUC approval must be provided before any sub-award will be issued. Please forward this document to GVSU's PI and GVSU's Office of Sponsored Research as soon as it becomes available. In accordance with GVSU policy, GVSU's IACUC must conduct a secondary review of the sub-award work and issue a companion approval before any sub-award will be issued.

8. **Conflict of Interest (applicable to PHS funded sponsors or those that have adopted the federal financial disclosure requirements)**

Please check the appropriate responses below

Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.), or any other sponsor that has adopted the federal financial disclosure requirements (NSF, etc.).

Sub-recipient Organization/Institution certifies that it has an active and enforced financial 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" and 45 CFR Part 94 "Responsible Prospective Contractors." Sub-recipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures will be 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 sub-recipient's conflict of interest policy prior to the expenditures of any funds under any resultant agreement and within a timely manner sufficient to enable timely FCOI reporting.

Sub-recipient does not have an active and/or enforced conflict of interest policy, but will have a PHS compliant policy in place and published at the time of award. (A sample FDP COI policy can be found at http://sites.nationalacademies.org/PGA/fdp/PGA_061001).

Sub-recipient does not have an active and/or enforced conflict of interest policy and agrees to adopt GVSU's policy.

By signing below, Sub-recipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any PHS funded contract/grant.

9. **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? Yes No
(if "Yes", explain in Section D *Comments* below)

The Sub-recipient certifies they: (answer all questions below)

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

SECTION C Audit Status

Audit Status

Sub-recipient receives an annual audit in accordance with OMB Uniform Guidance, A-81 (formerly OMB A-133).

Most recent fiscal year completed: FY

Were any audit findings reported? (If "Yes," explain in Section D, *Comments*.) **Yes** **No**

Please attach a complete copy of your most recent OMB A-81 (formerly OMB A-133) audit report or provide the URL link to a complete copy.

Sub-recipient DOES NOT receive an annual audit in accordance with OMB Uniform Guidance, A-81 (formerly OMB A-133).

Sub-recipient is a:

- Non-profit entity (under federal funding threshold)
- Foreign entity
- For profit entity
- Government entity

If the sub-recipient does not have an annual audit in accordance with OMB A-81 (formerly OMB A-133), they must complete the attached Audit Certification and Financial Status Questionnaire. A limited scope audit may be required before a sub-award will be issued.

SECTION D Comments

APPROVED FOR SUBRECIPIENT

The information, certifications and representations above have been read, signed and made by an authorized official of the Sub-recipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to sub-awards 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 sub-award agreement are at the Sub-recipient's own risk.**

Signature of Sub-recipient's Authorized Official

Legal Name of Sub-recipient's Organization/Institution

Name and Title of Authorized Official

Address

Email

City, State, Zip + four digits

Phone

Federal Employer Identification Number (EIN)

Date

DUNS or DUNS+4 number

Sub-recipient's Congressional District

Is Sub-recipient owned or controlled by a parent entity? ☐ Yes ☐ No

If "Yes", please provide the following:

Parent Entity Legal Name: _____

Parent Entity Address, City, State, Zip: _____

Parent Entity Congressional District: _____

Parent Entity DUNS: _____

Parent Entity EIN: _____