

SUBRECIPIENT IDENTIFICATION

ENTITY NAME:
_____EIN:
_____DUNS:
_____PRINCIPAL INVESTIGATOR:

PROJECT IDENTIFICATION

PROJECT TITLE:
_____PRIME SPONSOR:
_____UO PRINCIPAL INVESTIGATOR:
_____EPCS or GRANT:

ENTITY INFORMATION

1. **Entity Type** *(select one)*

- Institution of Higher Education
- Government Entity
- Non-Profit Entity
- For-Profit Entity

2. **Foreign or Domestic Entity** *(select one)*

- Foreign entity (as defined by 2 CFR 200.45 or 200.46)
- Domestic entity

3. **Maturity of Organization** *(select one)*

- Subrecipient entity has been organized in its current form for less than 2 years.
- Subrecipient entity has been organized in its current form for 2 years or more.

4. **Other Federal Awards** *(select one)*

- Subrecipient has experience with similar Federal awards or subawards.
- Subrecipient **does not** have experience with similar Federal awards or subawards.

5. **Financial Systems** Subrecipient certifies that their financial systems are in accordance with generally accepted accounting principles and: *(select all that apply)*

- Have the ability to identify all Federal awards received and expended and the Federal programs under which they were received.
- Maintain internal controls to ensure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants.
- Comply with applicable laws and regulations.
- Can prepare appropriate financial statements, including a schedule of expenditures by award.
- Systems have been in place for two (2) or more years without substantial changes.

CERTIFICATIONS

6. **Facilities & Administration Rates** included in this request are calculated based on method below. *(select one)*

- Federally-negotiated F&A rates (please attach your current rate agreement)
- De minimis 10% rate as provided for in 2 CFR 200.414
- Other rates (please specify rates in the Comments section)
- Subrecipient is not claiming F&A

7. **Fringe Rates** included in the project budget are based upon: *(select one)*

- Our Federally negotiated fringe benefit rate, or less.
- Actual fringe benefits costs.
- Other, please describe in the Comments section.

8. **Human Subjects** *(select one)*

- Are **not** involved in this project.
- Are involved in this project, and the subrecipient certifies that it shall conduct the activities in accordance with the DHHS regulations codified at 45 CFR 46, and any other applicable regulations/policies. Confirmation of IRB approval and required training may be requested.

9. **Animal Subjects** *(select one)*

- Are **not** involved in this project.
- Are involved in this project, and the subrecipient certifies that it shall conduct the activities in accordance with the NIH Principles for Use of Animals, the Animal Welfare Act (7 U.S.C. 2131 et.seq.) and all other applicable Federal laws, and policies. Confirmation of IACUC approval may be requested.

10. **Financial Conflict of Interest (FCOI)** Subrecipient will follow the selected FCOI policy. *(select one)*

- Subrecipient internal policy.** Subrecipient certifies that it has an active and enforced conflict of interest policy that is consistent with all applicable federal, state and sponsor requirements. Subrecipient will inform UO of any identified FCOI prior to any expenditure of funds, or within 45 days of any subsequently identified FCOI.
- University of Oregon policy.** Subrecipient does **not** have an active and/or enforced conflict of interest policy that is consistent with all applicable federal, state and sponsor requirements and agrees to abide by UO's policy and procedures. All project personnel responsible for the design, conduct or reporting of research must complete training and submit signed declaration forms, see rcs.uoregon.edu for training, forms and additional information.

11. **Debarment and Suspension** *(select one)*

- Not debarred or suspended.** Subrecipient certifies that the entity, PI or any other project staff/students are **not** debarred, suspended or otherwise excluded/ineligible from participation in federal department, agency, assistance programs or activities.
- Restricted involvement.** Subrecipient entity, PI, project staff or students have exclusions or are debarred from participation in federal department, agency, assistance programs or activities. Additional information must be noted in the Comments section.

AUDIT STATUS

Subrecipient is subject to the audit requirements in OMB Circular A-133 or 2 CFR 200 Subpart F (as applicable), and an:

Audit has been completed for the most recent fiscal year, ending on:
Provide a copy or link to the audit report:

Audit for the most recent closed fiscal year is **not yet complete**. We will provide a copy of the audit report, or link, within thirty (30) days of completion. We expect the audit to be completed by the following date:

Subrecipient's most recent completed audit had:

- No findings
- Findings required to be reported. Provide additional information regarding the findings and corrective action in the Comments section below.

OR

Subrecipient is not subject to the audit requirements in OMB Circular A-133 or 2 CFR 200 Subpart F (as applicable), due to the reason indicated below.

- Did not expend more than \$500,000 (A-133) or \$750,000 (Subpart F) in Federal funds during the most recently closed fiscal year
- For-profit or foreign (non-US) entity
- Other (explain):

Submit audited financial statements with this form, or provide the link to the statements.

OTHER REQUIRED DOCUMENTS

In addition to this form, the following documents are necessary to complete a proposal or subaward contract. Please submit the documents identified below to sponsoredprojects@uoregon.edu, or the SPS staff member who sent this request.

- Statement of Work
- Budget & Budget Justification
- F&A Rate Agreement (and Fringe Rate Agreement if applicable)
- Letter of Commitment
- All other required documents have been received; please submit this completed certification form only.

COMMENTS

Provide additional information as requested from previous sections, or other information that would be necessary for us to issue a subaward.

CONTACT INFORMATION & APPROVALS

Authorized Official Information

NAME: _____

TITLE: _____

ADDRESS: _____

CONGRESSIONAL DISTRICT: _____

PHONE: _____

EMAIL: _____

Administrative/Contracting Contact Information

NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Principal Investigator Information

NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

This location IS or IS NOT the place of performance for the subaward work.

If not, provide the place of performance: _____

Subrecipient Approval

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 agency 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 subaward agreement are at the subrecipient's own risk.

Signature of Subrecipient's Authorized Official_____
Date

**Please submit your completed form to sponsoredprojects@uoregon.edu, or the SPS staff member that initiated the request for completion.*