Form 1304FR.03A

SUBRECIPIENT INFORMATION AND COMPLIANCE FORM

Revision Date 2/26/2016

All subrecipients must complete this form when submitting a proposal to Yale or at the time requested by Yale. This form is required to be signed and dated by an authorized organizational official.

Subrecipient Information:

Legal Name: _____ PI Name: _____

DUNS #: _____ EIN: _____ SAM Registered: ☐ Yes ☐ No

Location of Subrecipient (City, State, Congressional District, and Country):

_____

Total Funds Requested: _____

Performance Period: From: _____ To: _____

Yale Information:

PI Name: _____ Prime Sponsor: _____

Project Title: _____

SECTION A – PROPOSAL DOCUMENTS

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

☐ STATEMENT OF WORK (*required*)
☐ BUDGET ***AND*** BUDGET JUSTIFICATION (*required*)
☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (*required for proposals for federal contracts over $650,000*)

SECTION B – Animals and/or Human Subjects

1. ***Animal Subjects*** ☐ Yes ☐ No

   Animal Welfare Assurance Number: _____

   Is IACUC review pending? ☐ Yes ☐ No

   If No, enter protocol number and approval date: _____ Date: _____

2. ***Will Human Subjects be used?*** ☐ Yes ☐ No
Is IRB review pending? ☐ Yes ☐ No

Human Subjects Assurance Number: _____

If No, enter protocol number and approval date _____ Date: _____

SECTION C – CERTIFICATIONS

1. ***Facilities and Administrative (F&A) Rates*** applied in this proposal are 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. Attach *copy of your F&A rate agreement or provide URL*_____.

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

☐ Our organization does not currently have a federally negotiated F&A rate. Therefore, this proposal contains the *de minimis* rate of 10% of modified total direct costs. (**Only applicable to subrecipients if this subaward proposal will be supported with federal funds issued to Yale University on or after 12/26/2014.)**
Note: If a federally negotiated rate existed and has since expired, please provide a copy of the agreement along with this form.

☐ Our organization is a foreign entity and does not currently have a federally negotiated F&A rate. Since this is an NIH proposal, the 8% MTDC F&A rate has been applied.

☐ Not applicable (*no F&A cost requested*)

2. ***Fringe Benefit (FB) Rates*** applied in this proposal are based on:

☐ Rates consistent with or lower than our federally negotiated FB rates. Attach *copy of your F&A rate agreement, FB agreement or provide URL*_____.

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

3. ***Conflict of Interest Requirement*** (*applicable to all PHS, NSF, and any other sponsor requiring adherence to the PHS regulations or that have similar requirements*) Check applicable box.

☐ Subrecipient hereby certifies it has implemented and is enforcing a written policy of financial conflict of interest compliant with the **Public Health Service (PHS)** provisions of 42 CFR Part 50, Subpart F and 45 CFR Part 94 and all individuals responsible for the design, conduct or reporting of research for the proposal have made required disclosures. All required reports and disclosures have been made to the Subrecipient's institutional official in accordance with this policy.

☐ Subrecipient hereby certifies it has implemented and is enforcing a written policy of financial conflict of interest compliant with the **National Science Foundation's (NSF)** policy on Conflict of Interest and all individuals responsible for the design, conduct or reporting of research for the proposal have made required disclosures. All required reports and disclosures have been made to the Subrecipient's institutional official in accordance with its policy.

☐ Subrecipient has **not** implemented a written policy of financial conflict of interest compliant with PHS provisions of 42 CFR Part 50, Subpart F and 45 CFR Part 94 or NSF's Policy, as applicable. **(Failure to have an**

appropriate compliant policy may jeopardize the Yale/Subrecipient proposal submission.) In addition, Subrecipient certifies that it will have a PHS compliant conflict of interest policy or NSF Policy as applicable in place at time of award.

☐ Not applicable because this project is not being funded by PHS, NSF or a sponsor requiring adherence to the PHS regulations or similar requirements.

4. ***Certification Regarding Debarment and Suspension***
Is the Subrecipient, PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal dept., agency, assistance programs or activities?

☐ Yes ☐ No (*If "Yes", explain in Section D Comments below*)

SECTION C – AUDIT STATUS

1. ☐ Subrecipient receives an annual audit in accordance with OMB Circular A-133.
http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf

Most recent fiscal year completed: FY_____
☐ Audit report is available on the Federal Audit Clearinghouse, or
☐ Audit report is available at this URL _____, or
☐ Audit report is attached

Were there any audit findings? ☐ Yes ☐ No

OR

☐ Subrecipient receives an annual audit in accordance with 2 CFR Part 200 Subpart F. (Only applicable to subrecipients if this subaward proposal will be supported with federal funds issued to Yale University on or after 12/26/2014.)

Most recent fiscal year completed: FY_____
☐ Audit report is available on the Federal Audit Clearinghouse, or
☐ Audit report is available at this URL _____, or
☐ Audit report is attached

Were there any audit findings? ☐ Yes ☐ No

2. ☐ Subrecipient does not have an A-133 federal audit. Most recent audit report is attached.

OR

☐ Subrecipient does not have a federal audit as required by 2 CFR Part 200 Subpart F. Most recent audit report is attached. (Only applicable to subrecipients if this subaward proposal will be supported with federal funds issued to Yale University after 12/26/2014.)

Section D – Comments

SUBRECIPIENT CERTIFICATION

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 agreement consistent with those policies. The information submitted within the proposal is true, accurate, complete, is the original work of the subrecipient's PI, and to the best of my knowledge has not been used by other individuals in the preparation and submission of a similar grant application

Any work begun and/or expenses incurred prior to the execution of a subaward agreement are at the subrecipient's own risk.

Signature of Subrecipient's Authorized Official	Address
Type or print name and titled of Authorized Official	City, State, Zip + 4
Phone	Fax
Date	Email