

Form 1304 FR.03A

Subrecipient Information and Compliance Form

Revised 11/9/2023

INSTRUCTIONS: Subrecipients submitting a subaward proposal to Yale (regardless of sponsor) must complete this form prior to Yale's proposal submission or as requested by Yale. FDP Expanded Clearinghouse participants should complete Sections I to IV of this form and complete/sign Section IX (or submit this information in a format of their choice). This form (or equivalent) must be signed/dated by the subrecipient's authorized organizational official. An incomplete form may delay or prevent the issuing of a subaward. Do not complete this form if the subrecipient is a Federally Funded Research & Development Center or a National Laboratory.

Yale Information														
PI Name:						Pri	me Sponsor	:						
Project Title:														
Cubus simisus Información														
Subrecipient Information Legal Name: UEI:														
Legal Name: PI Name:						Total	Funds	s Re	equeste					
		Period – From:								Period -				
		Contact if Award is	made:				1 0.10			unou				
Administrative Contact in Award is made: Administrative Contact Email:														
04	-4	Marala (na maina di)				•	osal Docun	1			4161 -	-4!	(no residue all)	
		Vork (required)	I		Budget (required)			В	udget J	ustific	ation	(required)	
Other supporting documentation to be included with the submission of the proposal:														
	nall/Small Di 50,000):	sadvantaged Busine	ss Subc	ontra	cting Plan	(in agency/	required forn	nat req	uire	ed for pro	posal	s for fe	ederal contracts over	
							an and Ani		_					
1. Does the proposed research involve the use of human subjects?							(skip to question 2, below	<i>')</i>						
Α	Did the res	Did the research receive IRB approval or is approval pending? ☐ IRB Approved ☐ Pending												
В	Enter the p	protocol number and approval date:												
C Enter human subjects Assurance Number:														
2. Does the proposed research involve the use of animal subjects?							to q	o question 2A)						
A Did the research receive IACUC approval or is approval pending? □ IACUC Approved □ Pending														
В	Enter proto	Enter protocol number and approval date:												
С	Enter anim	mal welfare Assurance Number:												
		Section	n III: Del	barm	nent, Sus	pension, I	Exclusions	& Co	nfli	ict of Ir	nteres	st (CO	DI)	
Section III: Debarment, Suspension, Exclusions & Conflict of Interest (COI) 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 department, agency, assistance programs or activities?								•	ect:					
is e all dis acc pro	If the prime sponsor is the National Science Foundation (NSF), the subrecipient certifies that it has implemented and is enforcing a written policy of financial conflict of interest compliant with the NSF's Conflict of Interest policy and that 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. Failure to have a compliant NSF policy prohibits the subrecipient to participate in this proposal submission unless otherwise exempted. (See NSF PAPPG Chapter IX – Grantee Standards.)													
ent all fun dis	If the prime sponsor is the Department of Energy (DOE), the subrecipient certifies that it has implemented and is enforcing a written policy of financial conflict of interest compliant with the DOE's Conflict of Interest policy and that all individuals named within the proposal, or participating in the purpose, design, conduct, or reporting, of the project funded by DOE or proposed for funding by DOE have made the required disclosures. All required reports and disclosures have been made to the subrecipient's institutional official in accordance with its policy. Failure to have an appropriate compliant policy may jeopardize the Yale/ Subrecipient proposal submission. □ No □ Yes □ N/A – the Prime Sponsor is not DOE									nsor				

Section IV: FDP Clearinghouse												
Is the subrecipient a participant of the FDP Clearinghouse? ☐ Yes (skip to Section IX, below) ☐ No (continue to Section V)												
Section V: Site Information												
EIN:	EIN: Congressional District: SAM Registered:											
	Location of Subrecipient (City, State, Zip + 4 and Country):											
Section VI: Facilities and Administrative ("F&A") and Fringe Benefit ("FB") Rate Information												
F&A rate(s) applied in this proposal are based on:												
	Our federally negotiated F&A rate(s) for this type of work, or a reduced F&A rate that we hereby agree to accept. Attach a copy of your F&A rate agreement.											
	Other rate(s) (please specify the basis on which the rate has been calculated in the Comments section, below).											
	Our organization does not currently have a federally negotiated F&A rate. Therefore, this proposal contains the <i>de minimis</i> rate of 10% of modified total direct costs. <i>Note</i> : 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. Because this is an NIH proposal, the 8% modified total direct costs (MTDC) F&A rate is applied.											
	Not applicable (no F&A cost re	equested)										
FB ra	FB rate(s) applied in this proposal are based on:											
	Rates consistent with or lower	than our federally negotiated	d FB rates	. Attach a copy of the FB agr	ement.							
	Other rates (specify the basis	on which the rate has been c	alculated	in the Comments section, be	low).							
				erest ("COI") Requireme								
	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 has <u>not</u> 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. Failure to have an appropriate compliant policy may jeopardize the Yale/Subrecipient proposal submission . Subrecipient will complete a temporary Yale disclosure form for those individual(s) listed in the proposal as responsible for the design, conduct, or reporting of research and submit the form(s) to Yale's Office of Sponsored Projects prior to the proposal submission deadline. In addition, Subrecipient certifies that it will have a PHS compliant conflict of interest policy in place at time of award.											
	Not applicable because this pr	oject is not being funded by I	PHS.									
COI	Policy is available at this URL	:										
Section VIII: Audit Status (check applicable boxes)												
	The Subrecipient is subject to			· · · · · · · · · · · · · · · · · · ·								
			oc with Z	Were there any audit finding	s?							
	Most recent fiscal year completed:											
	□ Audit report is attached, or											
	☐ Other (please provide explanation in the <u>Comments</u> section, below).											
	The Subrecipient (e.g., foreign institutions) is <u>not</u> subject to <u>2 CFR Part 200 Subpart F</u> requirements.											
	Most recent fiscal year comple	ted: FY		Were there any audit finding	s? ☐ Yes ☐ No							
	☐ Most recent audit report is a	nttached.										
	☐ If audit report does not exist, provide most recent financial statements.											
	Note: Report/Statements must be provided in English											

Comments (if applicable)										
Section IX: Subrecipient Certification										
As an authorized official of the named subrecipient, I certify that the information and representations above are complete and accurate to the best of my knowledge										
In addition, 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.										
I confirm that my institution is aware all foreign subrecipients receiving NIH funds are subject to the regulations reflected in NOT-OD-23-133 and NOT-OD-23-182. We are also willing to abide by all requirements should an award be issued.										
Lastly, 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. If Yale receives the above proposed award, this entity is prepared to accept a subaward.										
Note: Any work begun and/or expenses incurred prior to the execution of a subaward agreement are at the subrecipient's own risk.										
Name and Title of Authorized Official:										
Phone Number:			F	ax Number:						
Email Address:			D	Date:						
Signature of Subrecipient's Authorized Official:										