

This form should be completed by someone who a) is knowledgeable about your organization's business processes and b) possesses information on the scope of work to be carried out by your organization's Principal Investigator / Project Director. The form must be approved and signed by your organization's Authorized Organizational Representative (AOR). The AOR is the individual who has the authority to legally bind your organization in grant administration matters.

## SECTION A: NAU Proposal Information

To be completed by the NAU PI (or delegate) prior to submission to OSP.

**Name of NAU PI:** \_\_\_\_\_

**Title of Proposal:** \_\_\_\_\_

**Name of Subrecipient Organization:** \_\_\_\_\_

**Notice of Funding Announcement Number:** \_\_\_\_\_

**Notice of Funding Announcement URL:** \_\_\_\_\_

## SECTION B: Subrecipient Eligibility

To be completed by the Subrecipient prior to submission to OSP.

### SUBRECIPIENT:

**I certify that my organization is correctly categorized as a subrecipient and is not a contractor:**

(check as applicable)

- Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program.
- Will use the funds to carry out a program for public purpose, as opposed to providing goods or services for the benefit of NAU.
- Is responsible for adhering to applicable program requirements specified in the prime award.
- There is an identified PI for the subrecipient who has responsibility for making programmatic decisions.

### CONTRACTOR: (check as applicable)

- Provides goods or services that are ancillary to the operation of the program identified in the prime award.
- Provide the goods or services purchased with the funds within normal business operations.
- Provides similar goods or services to many different purchasers.
- Is not subject to the compliance requirement of the program as a result of the agreement with NAU it normally operates in a competitive environment.

*If any of the boxes above are checked, contact the Prime PI immediately to provide additional information on potential contractor provisions*

**ELIGIBILITY:**

Yes  No

Is the subrecipient presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency?

Yes  No

Is the subrecipient delinquent on repayment of any federal debt including direct and guaranteed loans or other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"?

Yes  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?

Yes  No

Is your organization presently indicted for or otherwise criminally or civilly charged by a government entity?

Yes  No

Has the organization within three (3 years) preceding this offer, had one or more contracts terminated for default by any federal agency?

*If any questions are checked 'Yes' above, attach an explanation or relevant documents*

**SECTION C: Subrecipient Information**

To be completed by the Subrecipient prior to submission to OSP.

**PI Name:** \_\_\_\_\_

**PI Email:** \_\_\_\_\_ **PI Phone Number:** \_\_\_\_\_

Proposed Period of Performance: **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Amount of Funding Requested:** \_\_\_\_\_ **Cost-Share:** Yes  No

**If yes, Cost-Share Amount:** \_\_\_\_\_

**Organization Legal Name:** \_\_\_\_\_

**Organizations Address:** \_\_\_\_\_

*(Include ZIP Code +4 or other postal code)*

**Performance Site Address:** \_\_\_\_\_

(if different from above)

*(Include ZIP Code +4 or other postal code)*

**Organization Type:**

- University  Industry/For-Profit  Other Non-Profit  
 Other: \_\_\_\_\_

**If your organization is for-profit, check any of the following that applies to your organization:**

- Small Business  Veteran-Owned Small Business  Women-Owned small Business  
 Small Disadvantage Business  Service-Disabled Veteran-Owned Small Business  HUBZone Small Business

**Subrecipient Award Admin Contact Name:** (responsible for subaward processing)

\_\_\_\_\_

**Award Admin Email:** \_\_\_\_\_

**Award Admin Phone Number:** \_\_\_\_\_

**Award Admin Address:** \_\_\_\_\_

**US (Domestic) Entities**

**ORGANIZATIONAL REGISTRATION INFO:**

**Unique Entity Identifier (UEI):**  
\_\_\_\_\_

**Federal Employer Identification Number (EIN):**  
\_\_\_\_\_

**CAGE (Commercial and Government Entity) Code:**  
\_\_\_\_\_

**Congressional District:** \_\_\_\_\_

**Registered in SAM?** Yes  No

**Expiration Date:** \_\_\_\_\_

**Non-US (International) Entities**

**ORGANIZATIONAL REGISTRATION INFO:**

**North American Industry Classification System (NAIS) Code:**  
\_\_\_\_\_

**Non-Commercial and Government Entity (NCAGE) Code:**  
\_\_\_\_\_

**Registered in SAM?** Yes  No

**Expiration Date:** \_\_\_\_\_

**Are you planning to sub-grant/contract any part of the project?** Yes  No

**Estimated Budget:** \_\_\_\_\_

**Sub-Grantee(s) / Sub-Contractor(s) Legal Name:** \_\_\_\_\_

**Check any of the following that apply to those sub-grantees / contractors:**

- Small Business
- Veteran-Owned Small Business
- Women-Owned Small Business
- Small Disadvantage Business
- Service-Disabled Veteran-Owned Small Business
- HUBZone Small Business

**SECTION D: Certifications**

To be completed by the Subrecipient prior to submission to OSP

**1. Indirect Cost (IDC) rates included in this proposal have been calculated based on:**

- Our federally negotiated IDC rates for this type of work. (attach a copy of your IDC rate agreement or provide a link)  
\_\_\_\_\_
- 15% Modified Total Direct Cost (MTDC) de minimis IDC rate per 2 CFR 200.
- Other rates: \_\_\_\_\_ % (attach a description of the basis on which the rate has been calculated)  
\_\_\_\_\_  
\_\_\_\_\_

My organization has used the Sponsor's published limited IDC cap.  
\_\_\_\_\_

**2. Fringe benefit rates included in this proposal have been calculated based on: (check as applicable)**

- Federally negotiated rates (attach a copy of your organization's composite employee rate projections or your federally negotiated rate agreement. Alternatively, provide a URL link to this information)  
\_\_\_\_\_
- Other rates (please explain):  
\_\_\_\_\_  
\_\_\_\_\_
- Not applicable (please explain - i.e. no fringe benefit requested)  
\_\_\_\_\_

**3. Research Subject Compliance Information:**

Yes  No  Does the work include Embryonic Stem Cells?

Yes  No  **Will human subjects be involved in the subrecipient's portion of this project?**

**If yes:**

- Provide your organization's Federal Wide Assurance #: \_\_\_\_\_
- Attach an explanation and relevant documents including (but not limited to) Institutional Review Board (IRB) or Ethics Committee approval.

**If yes and NIH funding is involved:**

- Attach documentation confirming all key personnel have completed "human subjects training".

Yes  No  **Will animal subjects be involved in the subrecipient's portion of this project?**

**If yes:**

- Attach an explanation and relevant documents including (but not limited to) the Institutional Animal Care and Use Committee (IACUC) approval notification.
- Provide a PHS Animal Welfare Assurance Number (domestic institutions) or an AAALAC accreditation number (international institutions): \_\_\_\_\_

**4. Responsible Conduct of Research (RCR):** (for NSF-funded projects only)

Yes  No  My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the RCR, as required under the "America COMPETES Act" Public Law 110-69-August 9, 2007.

Yes  No  My organization certifies that it has a Safe and Inclusive Working Environment Plan in place for any off-campus or off-site work or research.

Yes  No  My organization certifies that it has a RCR training program in place and will train all undergraduate students, graduate students, postdoctoral researchers, faculty, and other senior/key personnel supported by NSF on relevant RCR topics including mentoring and mentorship as required by NSF.

**5. Financial Conflict of Interest (FCOI):**

- It is not applicable to this project because it is not being funded by any Sponsor that has adopted the federal financial disclosure requirements.
- Subrecipient has an active and enforced FCOI policy that is compliant with the prime sponsor policy.
- Subrecipient has a pending FCOI policy established and will adopt and implement a policy prior to execution of the subaward agreement that is compliant with the prime sponsor policy.
- Subrecipient does not have an active or enforced FCOI policy and agrees to adopt NAU's policy.

**If subrecipient does not have an active or enforced FCOI policy, AND NASA or NSF is the prime sponsor:**

- Do any of your 'Investigator' personnel listed on this project, their spouse, registered domestic partner, and/or dependent children have any financial interests related to their institutional responsibilities, as listed below:
  - Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded company.
  - Receipt of income or payment for services over the past 12 months from any single business entity exceeding \$10,000.
  - Any equity interest, including venture or capital financing, in a private non-publicly traded company.
  - Any intellectual property interest assigned or to be assigned to any entity that is not a non-profit organization.

Yes  No

**If subrecipient does not have an active or enforced FCOI policy, AND NIH or DOE is the prime sponsor:**

- Do any of your 'Investigator' personnel listed on this project, their spouse, registered domestic partner, and/or dependent children have any financial interests related to your institutional responsibilities, as listed below:
  - Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded company.
  - Receipt of income or other payment for services over the past 12 months from a non-publicly traded entity totaling more than \$5,000.
  - Any equity interest(s) in a non-publicly traded entity.
  - Receipt of payments totaling more than \$5,000 for any intellectual property rights and interests (e.g., from patents, copyrights assigned to any entity that is not a non-profit organization).

Yes  No

**6. Lobbying:** (for U.S. federal projects only)

Yes  No

Subrecipient organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this proposed project.

**7. Participation in Foreign Talent Recruitment Programs - Mandatory Certification** (only check the box below most relevant to your institution)

- Subrecipient has an active and enforced policy addressing federal requirements to disclose participation in Foreign Talent Recruitment Programs (FTRP) and prohibiting participation in Malign FTRPs for covered individuals on federal awards.
- Subrecipient does not have an active or enforced FTRP policy and agrees to adopt NAU's policy "Participation in Foreign Talent Recruitment Programs."

**If you do not have an active or enforced FTRP policy, answer the following:**

**Are any of the 'Key Personnel' listed on this project participating in, or party to, a FTRP?**

A FTRP is any program, position, or activity that involves compensation of any kind, including but not limited to:

- cash;
- in-kind compensation, including research funding, promised future compensation, complimentary foreign travel, things of non de minimis value, honorific titles, career advancement opportunities, or other types of remuneration or consideration,
- that is directly provided by a foreign country at any level (national, provincial, or local) or their designee, or an entity based in, funded by, or affiliated with a foreign country, whether or not directly sponsored by the foreign country, to an individual, whether directly or indirectly stated in the arrangement, contract, or other documentation at issue.

\*International collaboration activities that involve open and reciprocal exchange of scientific information are not generally considered FTRPs, and do not need to be disclosed. For the complete official definition of a FTRP and a list of common international collaboration activities that do not qualify as FTRPs, see page 3 of the OSTP Memo Guidelines for Federal Research Agencies Regarding Foreign Talent Recruitment Programs.

Yes  No

**Are any of the 'Key Personnel' listed on this project participating in, or party to, a Malign FTRP?**

A Malign FTRP is any program that a) meets the definition of an FTRP, b) requires the individual participant to engage in activities that are antithetical to the principles of integrity, transparency, and open science, and c) is funded or supported by a foreign country of concern as designated by the U.S. Department of State. As of 2024 there are four countries of concern: the People's Republic of China, Russian Federation, the Democratic People's Republic of Korea (North Korea), and the Islamic Republic of Iran.

\*For the complete official definition of "Malign FTRPs" and a list of activities that qualify as malign, see page 5 of the OSTP Memo Guidelines for Federal Research Agencies Regarding Foreign Talent Recruitment Programs.

Yes  No

**8. Audit Status / Fiscal Responsibility:**

**My organization is a non-Federal entity that is subject to the single audit requirement.**

(See: §200.501 of the Uniform Guidance) If checked, attach any findings or exceptions noted in the most recent single audit and provide a link to the report.

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**Subrecipient organization is not subject to the provisions of OMB Circular A-133 because the organization:** (check as applicable)

Expends less than \$1,000,000 in federal awards annually.

Is a for-profit entity.

Is a non-US entity.

Other (attach explanation)

**9. Affirmative Action Compliance**

In accordance with the rules and regulations of the US Secretary of Labor (41 CFR 60-1 and 60-2), if your organization has more than 50 employees and the subaward will be for \$50,000 or more, you are required to have a written affirmative action program.

**Indicate whether your organization has a written affirmative action program:** (check as applicable)

Yes, we have a written affirmative action program developed and on file.

No, we do not have a written affirmative action program.

Not applicable, as we have less than 50 employees and/or anticipate our subaward to be less than \$50,000.

**10. Financial Systems**

**The subrecipient financial system is in accordance with generally accepted accounting principles and:**

Yes  No

Has the capability to identify, in its accounts, all Federal awards, including flow-through funds, received, and expended, and the Federal programs under which they were received.

Yes  No

Maintains internal controls to ensure Federal awards are being managed in compliance with applicable laws, regulations, and the provisions of contracts, grants, and subawards.

Yes  No

Includes budgetary controls that preclude incurring obligations in excess of (a) total funds made available under the award and where required, (b) total funds made available for a budget cost category (e.g., Personnel, Travel, etc.).

Yes  No

Can prepare appropriate invoices, financial reports and statements, including a schedule of expenditures of Federal awards (SEFA).



**11. Executive Compensation:** (complete only when collaborating on a federal project)

Yes  No

During the previous fiscal year, my organization received eighty percent (80%) or more of its annual gross revenues in federal awards AND twenty-five million dollars (\$25M) or more in annual gross revenues from federal awards.

Yes  No

My organization regularly reports information on the compensation of its senior executives in response to section 13(a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78(d) or section 6104 of the Internal Revenue Code of 1986?

**If “Yes” to the first question AND “No” to the second question,**

Enter the name of the senior executives and the associated total compensation below:

NAMES:	TOTAL COMPENSATION

**SECTION E: Subrecipient Project-Specific Documentation**

To be completed by the Subrecipient prior to submission to OSP.

**The following documents are included in the subrecipient subaward proposal submission and covered by certifications in Section D:** (check as applicable)

- Statement of work - includes work to be performed, project description, PI, period of performance, reports, deliverables, and milestones.
- Detailed budget - includes budget for the entire length of the project, broken down by budget period.
- Budget justification - includes a reasonable level of detail.
- Other supporting documents for key personnel as required by the sponsor.

## SECTION F: Subrecipient Principal Investigator Certification

I certify that the information provided in the proposal and this form is current, accurate, and complete. I will honor any commitments and compliance responsibilities agreed to in the proposal and this form. I understand that: a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement and without a signed 'Authorization to Proceed' letter will be at my organization's own risk, and b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval. I also certify that, at the time of signature, I am not a participant in, or a party to, a malign foreign talent recruitment program.

**PI Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Title of PI:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## SECTION G: Subrecipient's Authorized Official Representative (AOR) Approval

To be completed by the Subrecipient prior to submission to OSP.

I certify that the information provided in our proposals and on this form is true and correct, and my organization will honor any commitments made in our proposals. I am the AOR of the subrecipient named herein. I understand that: a) any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement and without a signed 'Authorization to Proceed' letter will be at my organization's own risk, and b) no work involving human subjects and/or animals may begin until my organization has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

**Signature of Subrecipient's Authorized Official:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Title of Authorized Official:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email for Subagreement Documents:** \_\_\_\_\_

**If Subrecipient is owned or controlled by a parent entity, provide the following information:**

**Parent Entity Legal Name:** \_\_\_\_\_

**Parent Entity Congressional District:** \_\_\_\_\_

**Parent Entity Address:** \_\_\_\_\_

*(include ZIP Code +4 or other postal code)*

**Parent Entity UEI:** \_\_\_\_\_ **Parent Entity EIN:** \_\_\_\_\_