

All subrecipients should submit this form prior to executing a contract, or being included as a subrecipient on a grant proposal, with **Appalachian State University (APPSTATE)**. It provides a checklist of documents and certifications required by sponsors. This form must be signed by the authorized official at the institution or organization.

SECTION A- General Information

SUBRECIPIENT'S LEGAL NAME:

STREET ADDRESS:

CITY:

STATE/COUNTRY:

ZIPCODE+4:

CONG. DIST:

DUN or DUNS +4:

EIN:

SAM Regist:

Yes

No

SUBRECIPIENT'S PI:

APPSTATE PI:

PHONE/EMAIL:

PHONE/EMAIL:

PRIME SPONSOR:

CFDA:

PROPOSAL TITLE:

START DATE:

END DATE:

R&D:

Yes

No

SECTION B-Special Review and Certifications

1. Facilities and Administrative Rates 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 a copy of your F&A rate agreement or a URL link (in Section E, Comments) to the agreement must be furnished to Appstate **before** a subaward/subcontract can be issued.

Other rates (Please specify the basis on which the rate has been calculated in Section E Comments below.)

Not applicable (no F&A request for subrecipient)

2. Fringe-Benefit (FB) Rates have been calculated based on the following:

Rates consistent with or lower than our federally negotiated rates (If this box is checked, a copy of your FB rate agreement or a URL link (in Section E, Comments) must be furnished before an agreement can be issued.)

Based on actual rates

Other rates (Please specify the basis on which the rate has been calculated in Section E, Comments below.)

3. Subrecipient Business Status:

Large business

Institution of Higher Education

Alaska Native Corporation

Historic Black College or University/Minority Institution

Small Business - If a small business, identify business classification (*certified by the Small Business Administration): Small Disadvantage Business (SDB)*

Small Minority Business (SMB)*

Women-owned small business (WOSB)

HUBZone small business*

Veteran-owned small business (VOSB)

Service-disabled veteran-owned business (SDVOSB)

4. Is the budget attached? **Yes** **No** **Total Project Amount:** _____

*Cost sharing amounts and justification must be included in the subrecipient's budget.

5. Human Subjects **Yes** **No** Determination of Exemption or IRB Approval Date: _____

IRB Number: _____ (Note: Surveys, interviews, observations, or use of secondary data may be human subjects research. Contact your local IRB office for guidance.)

If "Yes" Copies of the determination of exemption or IRB approval and approved informed consent must be provided before

any subaward/subcontract will be issued. If not attached here, obtain approval as required and forward these documents to APPSTATE's PI and to the Office of Research (irb@appstate.edu) as soon as they become available. Please indicate the APPSTATE PI's name and subaward number for reference, if available.

If "Yes" and NIH funding is involved, have all key personnel involved completed human subjects training?: **Yes** **No**

Note: All key personnel engaged in human subjects research must take NIH human subjects training or other human subjects research training (http://grants.nih.gov/grants/policy/hs_educ_faq.htm) as required by NIH.

Does your organization/institution have a Federal Wide Assurance (FWA) Number? **Yes** **No - FWA#:**

6. Animal Subjects **Yes** **No** Approval date: IACUC Number:

If "Yes" copies of the IACUC approval must be provided before any subaward/subcontract can be issued. If not attached here, obtain approval as required and forward these documents to APPSTATE's PI and to the Office of Research (iacuc@appstate.edu) as soon as they become available. Please indicate the name of APPSTATE's PI and subaward number for reference, if available.

Does your organization/institution have a PHS Animal Welfare Assurance Number? **Yes** **No**

If "Yes" provide number:

7. Conflict of Interest (applicable to NIH, NSF, or any other sponsor that has adopted the federal financial disclosure requirements)

Not applicable because this project is not being funded by NIH, NSF, or other sponsor that has adopted the federal financial disclosure requirements.

Subrecipient organization/institution hereby certifies that it has an active and enforced 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." Subrecipient also certifies that, to the best of Institution's knowledge (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement and required by subrecipient's conflict of interest policy; and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced, or eliminated in accordance with subrecipient's Conflict of interest Policy prior to the expenditure of funds under any resulting agreement.

Subrecipient does not have an active and/or enforced Conflict of Interest policy and agrees to implement a policy that meets the requirements of 42 CFR Part 50, Subpart F or the model policy available at: http://sites.nationalacademies.org/PGA/fdp/PGA_061001. Subrecipient will notify APPSTATE's Office of Research at grants@appstate.edu upon full implementation of such policy.

Subrecipient does not have an active and/or enforced Conflict of Interest Policy and hereby agrees to abide by APPSTATE's policy. http://policy.appstate.edu/Conflict_of_Interest_and_Commitment

Subrecipient does have an active and/or enforced Conflict of Interest, Financial Interest, and/or Conflicts of Commitment Policy in accordance with State and Federal Law requirements.

8. Debarment, Suspension, Proposed Debarment. (If "Yes" to any question, explain in comments below).

a. 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**

b. The Organization certifies it, and its employees: (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 governmental entity. |
| have | have not | 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 or 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 |

9. Fiscal Responsibility. (If "No" to any question, explain in Section E, Comments below).

The organization certifies that its financial system is in accordance with generally accepted accounting principles and:

has the capability to identify in its accounts, all Federal awards received and expended and the Federal

programs under which they were received;

maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts or grants;

complies with applicable laws and regulations;

can prepare appropriate financial statements, including the schedule of expenditures of federal awards;

has no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and the steps to be taken to correct the finding.

10. Other certifications. (If "No" to any statement, explain in Section E, Comments below).

- Yes No** The Institution/Organization certifies compliance with The Drug-Free Workplace Act of 1988 (41 USC 702).
- Yes No** Certification Regarding Lobbying: In the event funds allotted under this proposal are expected to exceed \$100,000, the Organization certifies that it is in compliance with the requirements of Section 1352, Title 31, U.S. Code, that limits the use of appropriated funds to influence certain Federal contracting and financial transactions.
- Yes No** System for Award Management (SAM) Certification: the Organization has completed its required annual certification on www.SAM.gov. Please provide the date of last certification: _____
- Yes No** Certification Regarding Cost Accounting Standards: The Organization certifies that, together with all divisions, subsidiaries, and affiliates under common control, did not receive new awards of negotiated prime contracts or subcontracts subject to CAS totaling \$50 Million or more in the cost accounting period immediately preceding the period in which the proposal was submitted. It further certifies that, if such status changes before an award is made, Organization will inform Appstate immediately.

SECTION C – Audit Status

Does the subrecipient receive an annual audit in accordance with OMB Circular A-133? **Yes No**

If "Yes": For which fiscal year was your most recent audit completed? _____

If "No" when is it expected to be completed? _____

Were any audit findings reported? **Yes No**

If "Yes" explain in Section E, Comments below.

A complete copy of the subrecipient's most recent audit report or the URL link in Section E, Comments below to a complete copy, must be furnished to APPSTATE.

If "No": Does the subrecipient receive overall federal funding of at least \$500,000 per year? **Yes No**

- Is subrecipient a:
- Non-profit entity (under federal funding threshold)
 - Foreign entity
 - For-profit entity
 - Government entity

If a subrecipient does not receive an A-133 audit, APPSTATE may require a limited scope audit, before a subaward will be issued.

SECTION D - Required Information under the Federal Funding and Accountability Act (FFATA)

Place of Performance: Please provide the address and congressional district where the work will be performed if different from address provided above:

STREET ADDRESS: CITY:
STATE/COUNTRY: ZIPCODE+4: CONG. DIST:

Total Compensation and Names of the Top Five Executives:

(a) In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific CCR record, represented by a DUNS number, belongs) receive (1) 80% percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Yes No If "Yes" please answer question (b), if "No," please skip (b).

(b) Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which this specific CCR record, represented by a DUNS number, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes **No** If "No" please complete the table below with the names and total compensation of the five (05) highly compensated officials:

NAME	TOTAL COMPENSATION
1.	-
2.	-
3.	-
4.	-
5.	-

SECTION E – Comments and Approvals

APPROVED FOR SUBRECIPIENT:

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

(Signature of Subrecipient's Authorized Official)

(Address)

(Type or print name and title of Authorized Official)

(City, State, Zip)

(Name of Subrecipient's Organization/Institution)

(Phone)/(Fax)

(Date)

(Email)