**Subrecipient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION A: Brandeis Proposal Information**

**Name of Brandeis PI: Brandeis Department:**

**Prime Sponsor: Title of Proposal: Brandeis Period of Performance: From:**  / / **To:**  / /

**Proposed Period of Performance of Subrecipient (if different): From:**  / / **To:**  / /

**SECTION B: Subrecipient Eligibility**

Dear (Potential) Subrecipient:

Any organization planning to enter into a collaborative subrecipient relationship with Brandeis must complete this form at the proposal stage. Please answer the following questions to determine if a formal subrecipient partnership can be established between your organization and Brandeis. This form will be considered valid for one year from the date of signature by your organization’s Authorized Official.

**Please answer the following questions BEFORE completing the rest of the form.**

**Yes No** Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?

**Yes No** Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, “Managing Federal Credit Programs”?

If you answered “Yes” to either of the above questions, it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the Brandeis Principal Investigator (PI) as soon as possible.

**SECTION C: Subrecipient Requirements and Responsibilities**

Brandeis views a subrecipient organization as a true partner in carrying out a sponsored project. The requirements and responsibilities of Brandeis subrecipient are different from that of a vendor/supplier/consultant. The following chart outlines the differences:

|  |  |
| --- | --- |
| **Subrecipients** | **Suppliers/Vendors/Consultants** |
| (a) Subrecipient’s PI (named in Section D below) will take a significant role in programmatic decision-making and assist the Brandeis PI achieving the project’s goals and objectives.  (b) Subrecipient will be subject to all of the compliance requirements from the prime award that are pertinent to the subrecipeint, e.g., effort reporting on federal awards.  (c) Subrecipient will be expected to provide a complete copy of the subrecipient’s most recent A133 and audit report, or the URL link to a complete copy, before a subagreement can be established. | (a) Provides routine goods and/or services to other customers or clients and/or  (b) Provides goods or services developed according to the specifications of the Brandeis PI and/or  (c) Provides other ancillary services related to the sponsored project per the instructions of the Brandeis PI and/or  (d) Provides personnel services that are primarily advisory in nature. |

**YesNo** My organization is properly categorized as a subrecipient as described above and agrees to the project roles, compliance responsibilities, and audit requirements listed above.

**If “No,” please contact the Brandeis PI about procuring your organization’s products and services as a supplier/vendor.**

**SECTION D: Subrecipient Information**

|  |  |
| --- | --- |
| **Legal Name:** | **DUNS #:**  (Dun & Bradstreet) |
| **Organization’s Address: Include ZIP Code +4 or other postal code:** | **Congressional District: (if in U.S.)** |
| **Performance Site Address (if different from above): Include ZIP Code +4 or other postal code:** | **Congressional District: (if in U.S.)** |
| **Domestic Organizations:**  **Federal Employer Identification Number (EIN): Registered in SAM? Yes No Expiration Date:**  / / **CAGE Code:**  (Commercial and Government entity) | **International Organizations:**  **NAIS Code:** (North American Industry Classification System)  **(NCAGE) Code:** |

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

**YesNo** 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.

**YesNo** 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?

**Name of Subrecipient’s Project Director/PI (Required): Phone: Email: Amount of Funding Requested by Subrecipient: $ Cost Sharing Provided by Subrecipient (if applicable): $**

**SECTION E: Proposal Documents**

The following documents are included in our proposal submission and covered by the certifications below. (Check those that apply.)

STATEMENT OF WORK (must describe the subrecipient’s specific role within the Brandeis project) (required in all proposals)

BUDGET (required in all proposals)

NARRATIVE BUDGET JUSTIFICATION (required in all proposals)

BIOSKETCHES OF KEY PERSONNEL, in agency-required format (if required by agency)

OTHER SUPPORT, in agency-required format (if required by agency)

FACILITIES AND RESOURCES, in agency-required format (if required by agency)

OTHER:

**SECTION F: Certifications**

**1. Facilities and Administrative Rates** included in this proposal have been calculated based on (check as applicable)**:**

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, please attach a copy of your F&A rate agreement or provide a URL link to the agreement below.)* URL:  Other rates (please attach a description of the basis on which the rate has been calculated)

Not applicable—subrecipient is not requesting payment of F&A costs

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

Rates consistent with or lower than our federally negotiated rates

*(If this box is checked, please 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.)*

URL:  Other rates (please attach a description of the basis on which the rates have been calculated)

**3. Research Subject Compliance Information** (check as applicable)**:**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | Human Subjects will be involved in the subrecipient’s portion of this project  If “Yes,” please provide your organization’s OHRP approved FWA #: |
|  |  | (If your organization does not have an FWA #, attach an explanation on how your organization will comply with U.S. federal regulations and policies for the protection of human subjects.) |
| **Yes** | **No** | Animal Subjects will be involved in subrecipient’s portion of this project |
|  |  | (If “Yes,” provide a copy of IACUC approval to the Brandeis PI as soon as it is available. IACUC  approval is required before a subagreement will be issued.) |

**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 Responsible Conduct of Research, as required under the “America COMPETES Act” PUBLIC LAW 110-69-August 9, 2007. |
| **Yes** | **No** | My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF’s RCR requirements. |

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

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | My 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. (If “No,” attach explanation.) |

**6. Conflict of Interest:**

The Public Health Service (PHS) FCOI policy is separate and distinct from that of the National Science

Foundation (NSF). Please respond to each of the following separately.

**PHS (or other sponsors that have adopted the PHS financial disclosure requirements) only** (check as applicable)**:**

My organization **does have** a PHS-compliant Financial Conflict of Interest (FCOI) policy and my organization will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.

**Yes No** We are registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse:

[http://sites.nationalacademies.org/PGA/fdp/PGA\_070596.](http://sites.nationalacademies.org/PGA/fdp/PGA_070596)

My organization **does NOT have** a PHS-compliant Financial Conflict of Interest (FCOI) policy.

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | My organization agrees to rely on Brandeis’s FCOI policy and procedures to comply with PHS |
|  | | Conflict of Interest regulations. |
| Note: Organizations checking this option are required to follow Brandeis’s COI and FCOI guidance |
| at [http://www.brandeis.edu/ora/PHSFCOI/training.html](http://www.brandeis.edu/ora/PHSFCOI/training.html%20)[.](http://researchcoi.berkeley.edu/federal.html) |

**NSF (or other sponsors that have adopted the NSF financial disclosure requirements) only** (check as applicable)**:**

Subrecipient Organization/Institution 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 its 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 any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by Brandeis’s policy, located at [http://www.brandeis.edu/ora/PHSFCOI/training.html](http://www.brandeis.edu/ora/PHSFCOI/training.html%20).

**7. Additional Debarment and Suspension Information** (check as applicable)**:**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | Is the 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? (If “Yes,” attach explanation.) |
| **Yes** | **No** | Is the organization presently indicted for, or otherwise criminally or civilly charged by a government entity? (If “Yes,” attach explanation.) |
| **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 “Yes,” attach explanation.) |

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

Yes No Does your organization receive an annual audit in accordance with OMB Circular A-133? If “No,” please indicate why your organization is not subject to A-133 audit requirements:

My organization is a non-profit that expended less than $500,000 in U.S. federal funds during our previous fiscal year.

My organization is a foreign entity.

My organization is a for-profit entity.

My organization is a U.S. government entity.

Please note: Your organization will be required to confirm that it still is not subject to A-133 audit requirements and to complete an Audit Questionnaire prior to the establishment of a subagreement.

When applying for funds from agencies under the U.S. Department of Health and Human Services foreign organizations and for-profits that have expended a total of $500,000 or more under one or more awards from the U.S. Department of Health and Human Services (as a direct grantee and/or under a consortium participant) will be required to have a financial-related audit of all HHS awards as defined in, and in accordance with, the Government Auditing Standards or an audit that meets the requirements of OMB Circular A-133.

**If “Yes,” respond to the following:**

**YesNo Has your organization’s A-133 audit been completed for the most recent fiscal year?**

**YesNo Were there any findings or exceptions noted? If “Yes” attach an explanation.**

Please note: Your most recent A-133 audit report will be requested prior to the establishment of a subagreement.

**9. For-Profit Organizations (only):**

**Yes No** Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

**If “Yes”**: Subrecipient represents that it is a (check as applicable)**:**

Small/Small disadvantaged business as certified by the Small Business Administration

Women-owned small business concern

Veteran-owned small business concern

Service-disabled veteran-owned small business concern

HUBZone small business concern

Other:

**SECTION G: Authorized Representative Approval**

**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 begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient’s own risk. No work involving human subjects and/or animals may begin until the subrecipient 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:**

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

**Parent Entity Legal Name:**

**Parent Entity Address, City, State, ZIP+4:**

**Email: Phone:**

**Fax:**

**Parent Entity Congressional District: Parent Entity DUNS:**

**Parent Entity EIN:**

**ORA Internal Information Only (form revised 6/10/14)**

**Proposal Deadline: Date of Receipt:**

**Award # (when received):**

**EPLS:  YES  NO**

**Further Risk Assessment Needed:  YES  NO**