

Information & Compliance Form for Subrecipients

All subrecipients must complete this form when submitting a proposal to UND or at the time requested by UND. This form must be signed and dated by an organizational representative.

GENERAL INFORMATION			
Originating Sponsor:			
Proposal Title:			
UND Principal Investigator:			
Subrecipient Institution:			
Subrecipient PI:		Email:	
Administrative Contact:		Email:	
PERFORMANCE DATES AND SUBRECIPIENT COSTS			
Period of Performance	to	Total Subrecipient Costs	\$
REQUIRED DOCUMENTS			
<input type="checkbox"/> Budget		<input type="checkbox"/> Scope of Work	
<input type="checkbox"/> Budget Justification		<input type="checkbox"/> F&A Rate Agreement	
AUDIT STATUS			
<i>(check applicable boxes)</i>			
<input type="checkbox"/> The Subrecipient is subject to an annual audit in accordance with 2 CFR Part 200 Subpart F . <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Most recent fiscal year completed: FY Were there any audit findings? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Audit report available on the Federal Audit Clearinghouse, or <input type="checkbox"/> Audit report available at this URL: _____, or <input type="checkbox"/> Audit report is attached, or <input type="checkbox"/> Other <i>(please provide explanation below)</i>. </div>			
<input type="checkbox"/> The Subrecipient (e.g., foreign institutions) is not subject to 2 CFR Part 200 Subpart F requirements. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Most recent fiscal year completed: FY Were there any audit findings? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Most recent audit report is attached. <input type="checkbox"/> If audit report does not exist, please provide most recent financial statements. </div> <p style="margin-top: 10px;">Note: Report/Statements must be provided in English.</p>			

DOES THE PROJECT INVOLVE					
Human Subjects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Human Stem Cells?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animal Subjects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Export Controls Restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cost Sharing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cost Sharing Amount	\$	
REQUIRED CERTIFICATIONS					
<p>Subrecipient, PI or any other participating in this project are not debarred, suspended, or otherwise excluded from or <u>ineligible</u> for participation in federal agency, assistance programs or activities.</p> <p><input type="checkbox"/> Not Debarred or Otherwise Excluded</p> <p><input type="checkbox"/> Debarred or Otherwise Excluded</p>					
<p>If sponsored by NSF, Subrecipient Institution certifies that a Responsible Conduct of Research (RCR) Training Plan is in place consistent with NSF requirements.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>					
SUBRECIPIENT FCOI POLICY STATEMENT FOR PROPOSALS TO THE NATIONAL SCIENCE FOUNDATION (NSF) (choose one response)					
<p><input type="checkbox"/> Subrecipient hereby certifies that its institution has implemented and enforced an FCOI policy compliant with NSF's Policy on Conflict of Interest <u>AND</u>, further, the subrecipient will report identified FCOIs for its investigators to UND within <u>45 days</u> of discovery.</p> <p><input type="checkbox"/> Subrecipient hereby certifies that its institution does <u>not</u> have an FCOI policy compliant with NSF's Policy on Conflict of Interest. Subrecipient certifies that it will have a compliant policy in place at the time of award <u>AND</u>, further, the subrecipient will report identified FCOIs for its investigators within <u>45 days</u> of discovery.</p>					
PARTICIPATING IN FDP EXPANDED CLEARINGHOUSE?					
<p><input type="checkbox"/> Yes (skip to SUBRECIPIENT CERTIFICATION)</p> <p><input type="checkbox"/> No (complete all sections)</p>					
SUBRECIPIENT INFORMATION AND CERTIFICATION (ONLY REQUIRED IF NOT IN FDP CLEARINGHOUSE)					
Administrative Office Address:					
City:		State:		Zip:	
Congressional District:		Phone:		Fax:	
DUNS #:		FEIN #:			
UEI #:					
If sponsored by federal agency, Subrecipient Institution certifies it has an active SAM registration.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Human Subjects Assurance (if applicable):			Animal Welfare Assurance (if applicable):		

SUBRECIPIENT FCOI POLICY STATEMENT FOR PROPOSALS TO PUBLIC HEALTH SERVICES (PHS) OR OTHER SPONSORS REQUIRING ADHERENCE TO THE PHS REGULATIONS

(choose one response)

- ☐ Subrecipient hereby certifies that its institution has implemented and enforced an FCOI policy compliant with the PHS Financial Conflict of Interest regulations (Responsibility of Applicants for Promoting Objectivity in Research and Responsible Prospective Contractors: 42 CFR Part 50 and Part 94) **AND**, further, the subrecipient will report identified FCOIs for its investigators to UND within 45 days of discovery.
- ☐ Subrecipient hereby certifies that its institution does not have an FCOI policy compliant with 42 CFR Part 50 and Part 94. Subrecipient certifies that it will have a compliant policy in place at time of award **AND**, further, the subrecipient will report identified FCOIs for its investigators to UND within 45 days of discovery.

SUBRECIPIENT FCOI POLICY STATEMENT FOR FUNDING OTHER THAN PHS, NSF OR OTHER SPONSORS REQUIRING ADHERENCE TO THE PHS REGULATIONS

(choose one response)

- ☐ Subrecipient hereby certifies that its institution has an active and enforced conflict of interest policy.
- ☐ Subrecipient hereby certifies that its institution does not have an active and/or enforced conflict of interest policy. (Note: Subrecipient may be required to adopt a policy prior to the issuance of a subaward/subcontract.)

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 the 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, and 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. In accordance with CFR Part 25 Appendix A, subrecipient must provide its SAM unique identifier prior to the issuance of a subaward (account must be active and remain active throughout the life of the subaward). Any work begun and/or expenses incurred prior to the execution of the subaward agreement are at the subrecipient's own risk. If the subrecipient is participating in the FDP Expanded Clearinghouse, the subrecipient hereby certifies that the information in the FDP Expanded Clearinghouse is current and accurate.

Signature of Subrecipient's Authorized Official

Date

Name

Title

FOREIGN SUBRECIPIENTS

For NIH proposals, Final Updated Policy Guidance for Subaward/Consortium Written Agreements ([NOT-OD-23-182, September 15, 2023](#)) requires that Principal Investigators have access to the subrecipients' records supporting the research outcomes.

The subrecipient organization agrees to abide by the requirements of the NIH Final Updated Policy Guidance for Subaward/Consortium Written Agreement (NOT-OD-23-182), and will provide access to copies of all lab notebooks, all data, and all documentation that support the research outcomes as described in the progress report, to the primary recipient with a frequency of no less than once per year, in alignment with the timing requirements for Research Performance Progress Report submission. Such access may be entirely electronic.

Signature of Subrecipient's Authorized Official

Date

Name

Title