



**SUBRECIPIENT INFORMATION AND COMPLIANCE FORM**

All subrecipients must complete this form when submitting a federal proposal to the University of North Florida or at the time requested by the University of North Florida. This form is required to be signed and dated by an authorized organizational official. **Please email completed form to orsp@unf.edu**

**SUBRECIPIENT INFORMATION**

Legal Name: \_\_\_\_\_ PI Name \_\_\_\_\_  
DUNS# \_\_\_\_\_ EIN# \_\_\_\_\_ SAM Registered \_\_\_ Yes \_\_\_ No  
Total Funds Requested: \_\_\_\_\_ Performance Period: From \_\_\_\_\_ To \_\_\_\_\_

**UNIVERSITY OF NORTH FLORIDA INFORMATION**

PI Name \_\_\_\_\_ Prime Sponsor \_\_\_\_\_  
Project Title \_\_\_\_\_

**SECTION A – PROPOSAL DOCUMENTS**

The following documents are included in our subaward proposal submission and covered by the certifications below:

- \_\_\_\_ Statement of Work (required)
- \_\_\_\_ Budget and Budget Justification (required)
- \_\_\_\_ Letter of Intent

**SECTION B – ANIMALS AND/OR HUMAN SUBJECTS**

- A. Will animals be used? \_\_\_ Yes \_\_\_ No
  - a. Animal Welfare Assurance Number: \_\_\_\_\_
  - b. Is IACUC review pending? \_\_\_ Yes \_\_\_ No
  - c. If No, enter protocol number and approval date \_\_\_\_\_ Date \_\_\_\_\_
- B. Will human subjects be used? \_\_\_ Yes \_\_\_ No
  - a. Human Subjects Assurance Number: \_\_\_\_\_
  - b. Is IRB review pending? \_\_\_ Yes \_\_\_ No
  - c. If No, enter protocol number and approval date \_\_\_\_\_ Date \_\_\_\_\_
- C. Will rDNA be used? \_\_\_ Yes \_\_\_ No
  - a. IBC Protocol Number: \_\_\_\_\_
  - b. Is IBC review pending? \_\_\_ Yes \_\_\_ No
  - c. If No, enter protocol number and approval date \_\_\_\_\_ Date \_\_\_\_\_
- D. Will one or more of the following be used: radioactive materials, hazardous waste, and/or regulated waste? \_\_\_ Yes \_\_\_ No

**SECTION C – CERTIFICATIONS**

- A. **Facilities and Administrative (F&A) rates** applied in this proposal are based on:
  - a. \_\_\_ Our federal negotiated F&A rates 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 or provide URL \_\_\_\_\_.
  - b. \_\_\_ Other rates (please specify the basis on which the rate has been calculated in *Section E Comments* below)
  - c. \_\_\_ Our organization does not currently have a federally negotiated F&A rate. Therefore, this proposal contains the de minimis rate of 10% of modified total direct costs.
  - d. \_\_\_ Not applicable (no F&A costs requested)
- B. **Fringe Benefit Rates** applied in this proposal are based on:

- a.  Rates consistent with or lower than our federally negotiated fringe benefit rates. Attach a copy of your F&A rate agreement with fringe benefits or provide URL \_\_\_\_\_
- b.  Other rates (specify the basis on which the rate has been calculated in *Section E Comments* below)

**C. Conflict of Interest Requirement** (applicable to all PHS, NSF, and any other sponsor requiring adherence to the PHSS regulations or that have similar requirements). Check applicable box,

- a.  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.
- b.  Subrecipient hereby certifies it has implemented and is enforcing a written policy of financial conflict of interest compliant with the **National Science Foundation’s (NSF)** policy on Conflict of Interest 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 its policy.
- c.  Subrecipient has not 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 or NSF’s Policy, as applicable. **(Subrecipient will abide by UNF’s Financial Conflict of Interest Disclosure policy published at [https://www.unf.edu/president/policies\\_regulations/02-AcademicAffairs/ORSP/2\\_0830P.aspx](https://www.unf.edu/president/policies_regulations/02-AcademicAffairs/ORSP/2_0830P.aspx)).**
- d.  Not applicable because this project is not being funded by PHS, NSF or a sponsor requiring adherence to the PHS regulations or similar requirements.

**D. Certification Regarding Debarment and Suspension** 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 dept., agency, assistance programs or activities?  Yes  No  
(If “Yes”, explain in *Section E Comments* below)

**SECTION D – AUDIT STATUS**

- A.  Subrecipient receives an annual audit in accordance with [2 CFR Part 200 Subpart F](#).
  - a. Most recent fiscal year completed: FY \_\_\_\_\_  
 Audit report is available on the Federal Audit Clearinghouse:  
[http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf)  
 Audit report is available at this URL \_\_\_\_\_  
 Audit report is attached
  - b. Were there any audit findings?  Yes  No
- B.  Subrecipient does not have a federal audit as required by [2 CFR Part 200 Subpart F](#). Most recent audit report is attached.

**Section E – COMMENTS**

**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 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, 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

Signature and Date of Subrecipient's Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title of Authorized Official \_\_\_\_\_ Title \_\_\_\_\_