**If your institution participates in the FDP Clearinghouse, skip Section B; otherwise, complete all sections.** This form must be approved and signed by your organization’s Authorized Organizational Representative (AOR). **Please submit all proposal documents (e.g. Statement of Work, Budget, Budget Narrative) with this form.**

**SECTION A: Subrecipient Project Information**

Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UEI: EIN:

Central/Admin Contact Email: PI Name:

Project Title:

Total Direct Costs: $ Total Indirect Costs: $ Total Costs: $ U.S. Congressional District:

Period of Performance: to Performance Address (include zip+4):

Research Includes: Human Subjects Animals Biosafety None

Do you certify to follow the single IRB plan developed for this project? Yes No N/A

Requested Subaward Type: Cost Reimbursement Fixed Price

**SECTION B: Subrecipient’s Institutional Information (not required for FDP Clearinghouse Participants)**

1. Yes No N/A Is Subrecipient or any principals on this project presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, in accordance with 2 CFR 200.213 and 2 CFR 180?

2. Yes No N/A If this application is to a federal or federal pass-through sponsor, have any lobbying activities been or will any be conducted regarding this proposal?

3. Yes No N/A Does your organization certify that it currently has a PHS-compliant Financial Conflict of Interest (FCOI) policy and a PHS Financial Disclosure for each key personnel?

4. Yes No N/A For NIH funded projects, does your organization certify that it will abide by the NIH foreign subaward requirements outlined by NIH’s Notice [NOT-OD-23-182](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-23-182.html) to provide access to all lab notebooks, data, and documentation that supports the research outcomes?

5. Yes No N/A Does your organization have a federally negotiated F&A rate? If yes, please provide a copy of your federally approved F&A rate agreement.

6. Yes No N/A Does your organization receive a single audit in accordance with 2 CFR 200.514? If no, please provide a contact and email address below for audit questions.

Name: Email:

**SECTION C: Subrecipient’s Authorized Official Representative (AOR) Approval**

I certify that the information provided is true and correct. I am the authorized official representative (AOR) of the Subrecipient named herein, and I have the authority to legally bind my organization in research administration matters. I understand that any work we begin and/or expenses we incur related to our proposal prior to full execution of a subaward agreement will be at my organization’s own risk. The appropriate programmatic and administrative personnel of each organization involved in this application are aware of the agency's consortium agreement policy and are prepared to establish the necessary inter-organizational agreement(s) consistent with that policy.

Subrecipient Authorizing Official Date Signed