

## PART I: TO BE COMPLETED BY ALL SUBRECIPIENTS

Rowan University requires completion of this form at the time of proposal submission to the Prime Sponsor. Subrecipient agreements cannot be fully executed without a complete and up-to-date form. If you have any questions regarding the completion of the form, please contact Rowan's Office of Sponsored Programs (OSP) at [preaward@rowan.edu](mailto:preaward@rowan.edu).

<b>A. ROWAN UNIVERSITY PROPOSAL INFORMATION – PASS THROUGH ENTITY (PTE)</b>				
PTE PI:		PRIME SPONSOR:		
PROJECT TITLE:				
<b>B. SUBRECIPIENT PROPOSAL INFORMATION</b>				
Requirements & responsibilities of Subrecipients/Subcontractors are different than those of a Vendor/Contractor. Additional information to assist in determining this relationship may be found at: <a href="https://research.rowan.edu/officeofresearch/sponsoredprograms/osp-documents/sub_vendor_consult1.doc">research.rowan.edu/officeofresearch/sponsoredprograms/osp-documents/sub_vendor_consult1.doc</a>				
Indicate that your organization is properly categorized as a subrecipient based on the scope of work. (If NO, please contact the Rowan PI about procuring your organization's products and services as a vendor/contractor)		YES	NO	
LEGAL NAME:				
LEGAL ADDRESS:		PHONE:		
		ORGANIZATION TYPE:		
SUBRECIPIENT PD/PI:		UEI:	FEIN:	
SUBRECIPIENT PD/PI EMAIL:		Is your Institution registered to SAM.GOV?	YES	NO
PERIOD OF PERFORMANCE START DATE:		SAM.GOV REGISTRATION EXP:		
PERIOD OF PERFORMANCE END DATE:		CONGRESSIONAL DISTRICT:		
AMOUNT REQUESTED:		COST SHARING AMOUNT (IF APPLICABLE):		
If the Subrecipient is a foreign entity/organization AND the Prime Sponsor is the National Institutes of Health (NIH), please certify the following: Pursuant to NIH NOT-OD-23-182, the Subrecipient is aware of NIH's requirement to provide access to all lab notebooks, all data and all documentation that supports the research outcomes as described in the progress				
<b>C. PROPOSAL DOCUMENTS</b> <i>(The required documents must be submitted within seven (7) business days prior to the sponsor deadline)</i>				
Statement of Work (required)*		Budget (required)		Key Personnel Biosketches
Other		Budget Justification (required)		Key Personnel Current & Pending Support
<b>D. COMPLIANCE AND CERTIFICATIONS</b> <i>(Documentation of Subrecipient's approval(s) must be provided prior to issuing a subaward. A response is only necessary for those items that are applicable)</i>				
Human Subjects	Approved	Approval Date:	Protocol ID:	Pending
If human subjects are involved, have all key personnel completed human subjects training?	Yes	No		
Human Embryonic Stem Cells	Approved	Approval Date:	Protocol ID:	Pending
Animal Research	Approved	Approval Date:	Protocol ID:	Pending
Recombinant DNA	Approved	Approval Date:	Protocol ID:	Pending
Biohazardous Materials/Biosafety	Approved	Approval Date:	Protocol ID:	Pending
Human Subjects Data Transfer	Yes	No		
<b>E. FDP EXPANDED CLEARINGHOUSE PARTICIPANTS</b> <i>(If no to the question below complete Part II of this form)</i>				
Is the subrecipient a participant in the FDP Expanded Clearinghouse? <a href="https://fdpclearinghouse.org/organizations">fdpclearinghouse.org/organizations</a>			Yes	No

This proposal has been administratively reviewed and approved by the appropriate officials of Subrecipient and certify its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in the application are aware of the awarding agency's policies, agree to accept the obligation to comply with award terms, conditions, and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy. *Any work begun and/or expenses incurred prior to the execution of a subaward agreement are at the Subrecipient's own risk.*

Signature of Subrecipient's Authorized Institutional Official

Name and Title of Subrecipient's Authorized Institutional Official

Date:

Email:

## PART II: TO BE COMPLETED BY NON-FDP EXPANDED CLEARINGHOUSE PARTICIPANTS

### A. FACILITIES AND ADMINISTRATIVE RATES *(select one)*

We have applied rates consistent with or lower than our federally negotiated rates. Our negotiated rate agreement is  
Attached                      available at

We do not have a federally negotiated F&A rate, but have applied:

a negotiated F&A rate with Rowan with the attached documentation substantiating the rate

a 15% de minimis rate (allowable only if the subrecipient does not have a federally negotiated F&A rate), MTDC definition,  
see \$200.58 Modified Total Direct Cost

### B. FRINGE BENEFIT RATES *(select one)*

We have applied rates consistent with or lower than our federally negotiated rates. Our negotiated rate agreement is  
attached                      available at

We do not have a federally negotiated fringe benefit rate and have applied actual fringe benefits (specify the benefit categories  
in the comments)

We have applied other rates (specify the basis on which rates have been calculated, including elements used in calculation,  
in the comments)

### C. CONFLICT OF INTEREST (COI) *(select one)*

Not applicable because this project is not being funded by PHS (NIH, CDC, AHRQ, etc.) or any other sponsor that has adopted  
the financial disclosure requirements (NSF, etc.).

We are registered as an organization with a PHS compliant policy with the FDP Expanded Clearinghouse.

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” and 45  
CFR Part 94 “Responsible Prospective Contractors.” Subrecipient also certifies that, to the best of its knowledge, (1) all  
financial disclosures will be 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 expenditures of any  
funds under any resultant agreement and within a timely manner sufficient to enable timely FCOI reporting.

Subrecipient does not have an active and/or enforced COI policy but will have a PHS compliant policy in place and published  
at the time of award.

Subrecipient does not have an active and/or enforced COI policy and agrees to adopt Rowans policy and training located  
online at: [https://research.rowan.edu/officeofresearch/sponsoredprograms/osp-documents/sub\\_vendor\\_consult1.doc](https://research.rowan.edu/officeofresearch/sponsoredprograms/osp-documents/sub_vendor_consult1.doc)

By signing, the subrecipient certifies that required training will be completed by each investigator prior to engaging in any research  
related to any PHS funding.

### D. SUBRECIPIENTS LEVEL OF MATURITY *(select one)*

Mature: 10+ years of subrecipient experience

Intermediate: 5-9 years of subrecipient experience

Beginner: 1-4 years of subrecipient experience

Start-up: Less than 1 year of subrecipient experience

## PART II: TO BE COMPLETED BY NON-FDP EXPANDED CLEARINGHOUSE PARTICIPANTS (continued)

### E. DEBARMENT AND SUSPENSION (answer all)

Subrecipient, the PI, or any other employee or student participating in this project are are not debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from or ineligible for participation in federal assistance programs, federal contract, or activities.

Subrecipient, the PI, or any other employee or student participating in this project are are not presently indicted for, or otherwise criminally or civilly charged by a government entity.

Subrecipient has has not, within the last three (3) years preceding this offer, been convicted of or had a civil judgement 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.

Subrecipient has has not, within the last three (3) years preceding this offer, had any contract terminated for default by any federal agency.

\*If checked, explain:

### F. REQUIRED INFORMATION SYSTEMS (answer all)

Does the subrecipient have a self-balancing set of accounts recording cash and other financial resources which are segregated for the purpose of carrying on specific activities or attaining certain objectives in accordance with special regulations, restrictions, or limitations? Yes No

Does the subrecipient have a procurement system which can record and segregate goods and services for the purpose of carrying on specific activities or attaining certain objectives in accordance with special regulations, restrictions, or limitations? Yes No

### G. AUDIT STATUS

Does your organization have an annual audit in accordance with OMB Circular A-133? Yes No

If **Yes**, please provide the URL link to the report or submit a copy to your Rowan Proposal Specialist.

If **No**, please provide the URL link or make available audited financial statements for the most recent year.

Financial Statement URL Link:

Does your most recent audit report reveal any of the following:

Did your organization qualify for a low-risk entity?

Yes No Material weakness

Yes No

Yes No Significant deficiencies

Yes No Instances of material non-compliance

### H. LOBBYING

Yes No My organization certifies that no payments have been made 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", provide an explanation below)

### I. COMMENTS