

Part 1: Proposal Information*Completed by UVA*

UVA PI Name:

Prime Sponsor:

Other Sponsor Name:

Application Type:

Application Title:

Project Period:

*Start Date**End Date***Part 2: Project Information***Completed by all Subrecipients*

Any organization planning to enter into a collaborative subrecipient relationship with the University of Virginia (UVA) must complete this form at the proposal stage.

Subrecipient Legal Information*Subrecipient Legal Name**DUNS**EIN***Subrecipient Principal Investigator***Name**Position/Title**Department**Phone Number**Email***Subrecipient Administrative Contact***Name**Phone Number**Email***Are you registered as a vendor in UVA Marketplace?****Yes:** *Please provide vendor information on page 5***No/Unsure:** *Please reach out to the UVA Department Admin to register as a Supplier in UVA Marketplace, or go [here](#) for more information on self registration. If a proposal is awarded, registration will be required prior to invoicing.***Place of Performance/Sub PI Address***Address**City**Country**State**Postal Code***Please select:**

All work will be performed at Subrecipient Institution

Some work will be performed at UVA by Subrecipient

All work by Subrecipient will be performed at UVA

Will any of the funded activities, excluding Subrecipient's primary Place of Performance, be performed outside of the United States?

No

Yes, please explain:

Will the Subrecipient's scope of work include human subjects research?

No **Yes**

Federal-Wide Assurance Number:

IRB Approval Date:

If "yes," the IRB approval(s) must be provided before any subaward/subcontract will be issued. Approval date not required at time of proposal.

Pending

Will the Subrecipient's scope of work include animal subjects research?

No **Yes**

Animal Welfare Assurance Number:

IACUC Approval Date:

If "yes," the IACUC approval(s) must be provided before any subaward/subcontract will be issued. Approval date not required at time of proposal.

Pending

Ethics in Research Training

Subrecipient certifies that all individuals involved in research (e.g. students, postdoctoral fellows, technical personnel, faculty, etc.) will be trained in the responsible and ethical conduct of research.

Yes **No**

Responsible Conduct of Research (RCR) (for NSF-funded projects only)

Subrecipient 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**

Subrecipient 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.

Yes **No**

Subrecipient Budget Information

Subrecipient's Total Funds Requested:

Facilities and Administrative Rates (F&A)

Fringe Benefit Rates

Federally negotiated rate Rates applied:

Federally negotiated rate Rates applied:

Sponsor's approved rate

Sponsor's approved rate

10% de minimis rate

Other

Other

Is cost-share required or included in the Subrecipient budget? *If yes, please include a cost share budget.*

Yes **No**

Is participant support included in the Subrecipient budget?

Yes **No**

Participant support costs (as defined in 2 CFR 200.75) means direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences or training projects.

Is your organization a member of the Federal Demonstration Partnership, with a Profile in the FDP Expanded Clearinghouse?

Yes *If yes, please skip to Part 4: Approvals on page 5. You do not need to complete Part 3.*

No *If no, please complete Part 3. UVA will require some additional information about your organization.*

Part 3: Additional Information

Completed by non-FDP Members. FDP Members skip to Part 4.

Is the Subrecipient organization presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any Federal Department or Agency?

Yes **No**

Is the Subrecipient 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"?

Yes **No**

If the Subrecipient answered "Yes" to either of the above questions, it may not be possible to establish a Subaward agreement with the organization.

Subrecipient Legal Address

Address

City

Country

State

Postal Code (Zip +4)
Format: _____-____

Subrecipient Authorized Official

Name

Position/Title

Department

Phone Number

Email

Certifications

Please provide a copy or link to the Subrecipient's F&A Rate Agreement:

*Subrecipient does not
have an F&A Rate
Agreement*

Please provide a copy or link to the Subrecipient's Fringe Benefit Rate Agreement:

*Subrecipient does not
have a Fringe Benefit
Rate Agreement*

Conflict of Interest

Please select one:

Subrecipient organization/institution hereby certifies that it has in place an active and enforced financial conflict of interest policy that complies with the provision of 42 CFR Part 50, Subpart F “Responsibility of Applicants for Promoting Objectivity in Research” (NIH applications), or provision of AGG Chapter IV.A "Conflicts of Interest Policies" (NSF applications).

Subrecipient also certifies that, to the best of the 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.

[42 CFR Part 50, Subpart F \(NIH applications\)](#) | [AGG Chapter IV.A \(NSF applications\)](#)

Please provide a copy or link to the Subrecipient's Financial Conflict of Interest Policy:

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UVA's policy and related procedures

All Subrecipient investigators (defined as “The Principal Investigator and any other person who is responsible for the design, conduct, or reporting of the research”) must complete the [University of Virginia’s Annual Disclosure of Financial Interests with Outside Entities](#) form.

[UVA's Conflict of Interest Policy](#)

Audit Status

Please select one:

Subrecipient does receive an annual audit in accordance with OMB Circular A-133

Please provide a copy or link to the Subrecipient's most recent fiscal year A-133/Single Audit:

Were any audit findings or Management Responses reported? No Yes

Please provide a copy or link to the Subrecipient's audit findings and/or Management Response Letter:

Subrecipient does not receive an annual audit in accordance with OMB Circular A-133, but Subrecipient's financial statements are audited by a government agency or an independent public accountant.

Please provide a copy or link to the Subrecipient's most recent fiscal year audit:

Subrecipient's financial statements are not audited by a government agency or an independent public accountant

Please complete and attach the [Mini Audit Questionnaire](#)

Part 4: Approvals

Completed by all Subrecipients

APPROVED FOR SUBRECIPIENT: The information, certifications, and representations above have been read and approved by an authorized official AND Principal Investigator of the Subrecipient institution 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/subcontract agreement are at the Subrecipient's own risk. No work involving human subjects and/or animal subjects may begin until the Subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.

**Signature of Subrecipient
Principal Investigator**
(e-signature preferred)

Date

Name

**Signature of Subrecipient
Authorized Signing Official**
(e-signature preferred)

Date

Name

Title

Supporting Information and Documents

Please provide the following information with your completed Consortium Commitment Form:

Attachments:

Statement of Work
Detailed Budget
Budget Justification

Attach if Applicable:

Biosketches of key personnel
(for continuations, new key personnel only)
Resources/Facilities
Letters of Support
All personnel report *(continuations only)*
Regulatory approvals *(continuations only)*
Cost Share Budget
F&A Rate Agreement
Fringe Benefit Rate Agreement
Disclosure of Financial Interests form
A-133/Single Audit or Audited Financials or
Mini Audit Questionnaire
Audit Findings *and/or*
Management Response Letter

Vendor Information:

Include if registered in UVA Marketplace

Vendor Number:

Remittance Address:

Contact Information: