

Form must be completed and signed by authorized signatory  
before a subcontract will be issued

PROPOSAL INFORMATION					
UMass Amherst Principal Investigator			PI Department		
Prime Sponsor		<input type="checkbox"/> NIH Prime <input type="checkbox"/> NSF Prime		<input type="checkbox"/> Other Federal Sponsor <input type="checkbox"/> Non-Federal Sponsor	
Proposal Title					
Period of Performance (Months)		Performance Start		Performance End	
SUBAWARD PROPOSAL INFORMATION					
Subrecipient Legal Name (must match registered name in SAM):					
EIN		UEI		DUNS	
Congressional District					
Legal Address					
City		State		Country	
ZIP + 4					
Performance Site					
<input type="checkbox"/> Same as legal address					
Contact Information					
Subrecipient Principal Investigator		Subrecipient Financial Contact (Institutional Level):		Authorized Signatory - Awards (Institutional Level):	
Title:		Title:		Title:	
Phone:		Phone:		Phone:	
Email:		Email:		Email:	
Budget Information					
Direct Costs	Indirect Costs	Total Costs	F&A Rate	F&A Base	Cost Share Amount
<b>Facilities &amp; Administrative Rates</b> <input type="checkbox"/> Rates are consistent with our federally negotiated rates. Include link below:  <input type="checkbox"/> 10% De minimis MTDC rate (permitted for institutions or organizations without a federally negotiated indirect cost rate agreement) <input type="checkbox"/> Indirect costs are not separately requested as costs are fully burdened. Provide documentation of approval (e.g. GSA rates or other published organizational document)  <input type="checkbox"/> A reduced F&A rate dictated by the prime sponsor published guidance		<b>Fringe Benefit Rates</b> <input type="checkbox"/> Rates are consistent with our federally negotiated rates. Include link below:  <input type="checkbox"/> Other rates (include explanation or link below)  <input type="checkbox"/> Fringe Benefits are not separately requested as costs are fully burdened.		<b>Cost Sharing</b> <input type="checkbox"/> Required (Involuntary, must be tracked and reported) (% or amount required)  <input type="checkbox"/> Not Required (If voluntarily committed, must be tracked and reported)  <input type="checkbox"/> Not applicable	
<i>An explanation of Cost Sharing sources must be included in the subrecipient's budget. Please note that an annual verification of cost share commitment will be required. If federal funding is involved, cost sharing commitment must be in accordance with Uniform Guidance 2 CRF §200.306.</i>					
COMPLIANCE INFORMATION					
Human Subjects <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> Human Subjects Approval Pending IRB Approval Date _____ Date of Determination of Exemption _____ Federal-wide Assurance Number (FWA) # _____		Animal Subjects <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> IACUC Approval Pending IACUC Approval Date: _____ IACUC number: _____ PHS/OLAW Animal Welfare Assurance # _____		Export Control <input type="checkbox"/> YES <input type="checkbox"/> NO  Documentation of IRB and/or IACUC approval will be required before a subaward can be issued. Please forward IRB and/or IACUC approval to UMass Amherst Office of Post-Award Management, <a href="mailto:opam@umass.edu">opam@umass.edu</a>	

**PROPOSAL DOCUMENT CHECKLIST**

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

- ☐ STATEMENT OF WORK
- ☐ BUDGET
- ☐ BUDGET JUSTIFICATION
- ☐ BIOSKETCHES FOR ALL KEY PERSONNEL
- ☐ LETTER OF COMMITMENT/COLLABORATION
- ☐ OFFICIAL RATE DOCUMENTS (e.g. NICRA)
- ☐ OTHER:

**SUBRECIPIENT INSTITUTIONAL INFORMATION**

Institution Type <i>choose one from each</i>	Experience Level
<input type="checkbox"/> U.S.-Based <input type="checkbox"/> Non-U.S. Based	<input type="checkbox"/> First time as a subrecipient organization <input type="checkbox"/> Subrecipient organization is currently in receipt of federal funding or has received federal funding in the past
Educational <input type="checkbox"/> HBCU <input type="checkbox"/> Large Business <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Non-profit	<b>How experienced is your institution with managing federal funding?</b> <input type="checkbox"/> Start Up (less than 1 year experience) <input type="checkbox"/> Limited (1-4 years) <input type="checkbox"/> Some (5-9 years) <input type="checkbox"/> Very (10+ years) <input type="checkbox"/> Member of Federal Demonstration Partnership ( <b>FDP Members may skip to page 4</b> )

In order to comply with federal audit requirements and internal risk assessment processes, we request that all questions be completed in the following sections. Members of the Federal Demonstration Partnership Expanded Clearinghouse (<https://fdpclearinghouse.org/>) may provide a pdf of their complete profile materials instead.

**REGISTRATIONS**

Subrecipient currently registered in the System for Award Management (SAM)? ([www.sam.gov](http://www.sam.gov)) ☐ YES ☐ NO  
 SAM Expiration Date: \_\_\_\_\_

If **NO** and **IF** the overall sponsor is prime federal, Subrecipients must register with SAM.gov to obtain a Universal Entity Identifier (UEI). Completing the on-line registration takes approximately one hour to complete and SAM approval will take 3-5 business days.

**CONFLICT OF INTEREST AND ETHICS****Conflict of Interest (COI) Policy confirmation**

- ☐ Subrecipient certifies it has and will follow the Conflict of Interest policy established and enforced by its compliance office or equivalent. Subrecipient also certifies that (1) all financial disclosures have been made, if applicable, related to the activities that may be funded by or through a resulting agreement, and required by its Conflict of Interest policy; and (2) if present, 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.
- ☐ Subrecipient does not have an active and/or enforced Conflict of Interest policy and agrees to adopt and implement a policy prior to execution of a subaward agreement.

**PHS Financial Conflict of Interest (or other sponsors that have adopted the PHS FCOI requirements):**

- ☐ 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 Institution's 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 conflict of interest policy and hereby agrees to abide by UMass's policy and related procedures at <https://www.umass.edu/research/policy/umass-coi-policy-nsf-and-other-federal-agencies>
- ☐ If PHS prime (NIH, etc.), Subrecipient certifies that the required FCOI training will be completed by each investigator prior to engaging in any research related to any PHS funded contract/grant.
- ☐ Not applicable, as this project is not funded by PHS or any other sponsor that has adopted these financial disclosure requirements.

**Ethics in Research Training (NSF and NIH)**

- ☐ Subrecipient organization/institution hereby certifies that it will ensure that all undergraduates, graduate students, and postdoctoral researchers who will be supported by this proposal will be trained on the oversight in the responsible and ethical conduct of research.

**DEBARMENT OR SUSPENSION HISTORY**

<input type="checkbox"/> YES <input type="checkbox"/> NO	Has Subrecipient organization had a contract, grant and/or agreement terminated for cause or material breach?
<input type="checkbox"/> YES <input type="checkbox"/> NO (If <b>YES</b> , please explain in <i>COMMENTS Section</i> .)	Is the PI or any other employee or student participating in this project, debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities?
If <b>NO</b> , the Organization certifies that:	1. They <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts. 2. They <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT presently indicted for, or otherwise criminally or civilly charged by a government agency. 3. They <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency. 4. They <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT within three (3) years preceding this offer, been convicted of or had a civil judgment 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 commissions of 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

**COMMENTS****AUDIT STATUS**

<input type="checkbox"/> YES <input type="checkbox"/> NO	Was the Subrecipient required to conduct an annual audit in accordance with the <u>Single Audit Act</u> or Uniform Guidance 2 CRF §200.501 for the most recent Audit year?
If <b>YES</b> , Attach a complete copy of Subrecipient's most recent Single Audit report OR provide the URL for a complete copy:	
If <b>NO</b> , indicate why not:	<input type="checkbox"/> The organization is a non-profit that expended less than \$750,000 in U.S. federal funds during our previous fiscal year. <input type="checkbox"/> The organization is a for-profit entity. <input type="checkbox"/> The organization is not a U.S. based entity
Attach a complete copy of Subrecipient's most recent fiscal year audit report for the organization including independent auditor's letters OR provide the URL for a complete copy:	
Most recent fiscal year completed:	FY End date:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Were there any audit findings reported?  If Yes, please submit a copy the most recent report that describes the findings, the steps to be taken to correct the findings, and an update on corrective actions taken on any of the findings. Summarize below:

**FISCAL RESPONSIBILITY****The Subrecipient certifies that:**

<input type="checkbox"/> YES <input type="checkbox"/> NO	its financial system is in accordance with generally accepted accounting principles
<input type="checkbox"/> YES <input type="checkbox"/> NO	its financial system has the capability to identify, in its accounts, all federal awards received and expended, and the federal programs under which they were received
<input type="checkbox"/> YES <input type="checkbox"/> NO	it maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations and the provision of contracts, grants, and agreements.
<input type="checkbox"/> YES <input type="checkbox"/> NO	it and its financial system comply with applicable laws and regulations.
<input type="checkbox"/> YES <input type="checkbox"/> NO	it can prepare appropriate financial statements, including the schedule of expenditures of federal awards and invoices for reimbursement.

**SUBRECIPIENT REQUIREMENTS AND RESPONSIBILITIES**

Before submitting a sub award proposal, the Subrecipient must verify that it fits the characteristics of a Subrecipient, rather than those of a contractor. The following chart outlines the differences. Please check all that apply.

Subrecipient	Contractor
<input type="checkbox"/> Performance represents an intellectually significant portion of the overall programmatic effort and is measured against the objectives of the program <input type="checkbox"/> Use of funds is for a public purpose, as opposed to providing goods or services for the benefit of UMass Amherst <input type="checkbox"/> Responsible for adhering to applicable program requirements outlined in the terms and conditions negotiated upon award <input type="checkbox"/> An identified principal investigator (PI) for the Subrecipient who has responsibility for making programmatic decisions	<input type="checkbox"/> Provides goods or services that are ancillary to the operation of the program identified in the prime award <input type="checkbox"/> Provides the goods or services purchased with the funds within normal business operations <input type="checkbox"/> Provides similar goods or services to many different purchasers <input type="checkbox"/> Is not subject to the compliance requirements of the program as a result of the agreement with UMass <input type="checkbox"/> Normally operates in a competitive environment

For the purpose of this proposal, my organization is properly categorized as a Subrecipient as described above. ☐ YES ☐ NO

If "No," please contact the UMass PI about procuring your organization's products and services as a contractor.

**APPROVED FOR SUBRECIPIENT**

The information, certifications and representations contained herein 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 sub awards and are prepared to enter into a sub award agreement consistent with those policies and the applicable flow-down requirements of the Prime Award. To the best of my knowledge, the enclosed represents a true, complete, and accurate representation of work to be performed and costs to be incurred in the performance of the proposed project. If this proposal is in response to a federal opportunity, the requirements of Federal Executive Order 140421 Covid-19 Workplace Safety Guidance may be applicable in a resultant award agreement. Those requirements would flow to any subrecipient involved in the project.

\_\_\_\_\_  
Signature of Authorized Institutional Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Institutional Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone/Fax

\_\_\_\_\_  
email address

**COMMENTS**