

University of South Florida Research & Innovation

Sponsored Research

3702 Spectrum Blvd., Suite 165

Tampa, FL 33612

**Subrecipient Information and Compliance Certification Form
for Non-Federal**

SECTION C—Subrecipient Information

Subrecipient’s Legal Name (must match registered name in SAM):

Address:

UEI#: _____

EIN #: _____

Congre
ssional District: _____

Subrecipient’s PI:

Performance Site Address:

Phone: _____

Facsimile: _____

Email: _____

Subrecipient’s Administrative Contact:

Address:

Phone: _____

Facsimile: _____

Email: _____

Subrecipient’s Financial Contact:

Address:

Phone: _____

Facsimile: _____

Email: _____

Subrecipient’s Authorized Official:

Address:

Phone: _____

Facsimile: _____

Email: _____

Type of Organization:

-
-

<input type="checkbox"/> For- Profit	<input type="checkbox"/> Non- Profit	<input type="checkbox"/> Not-for-Profit
--------------------------------------	--------------------------------------	---

<input type="checkbox"/> Domestic	<input type="checkbox"/> Foreign
-----------------------------------	----------------------------------

Age of Entity: _____ **Number of Full-Time Employees:** _____ **Number of Part-Time Employees:** _____

Is Subrecipient currently registered in Central Contractor Registration via SAM? (www.sam.gov) YES NO

If NO, organizations If

-
-
-
-
-

Subrecipient's project, although funded by NIH and involving generation of large scale human genomic data, will not be submitted to dbGaP. Provide clarification in Section G.

10. Financial Conflict of Interest – National Science Foundation (NSF)

Applicable to projects funded by NSF, including NSF flow-through or any sponsor following NSF's Grantee Standards for financial conflicts of interest.

Not applicable because this project is not being funded by NSF or any other sponsor following NSF's Grantee Standards for financial conflicts of interest.

Subrecipient organization/institution hereby certifies that it has an active and enforced policy on financial conflicts of interest consistent with the provision of NSF's Proposal & Award Policies & Procedures Guide

(P&APPG9458-0131b-710.90) (FOIA(b)(5)-A) (61007-4080) (GPO: 2017-07-14) (R01-PA) (101-159-007) (974

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? **YES** **NO**

If **YES**, please explain in Section G.

If **NO**, the Organization certifies that all key personnel (please answer all of the questions below):

are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.

are not presently indicted for, or otherwise criminally or civilly charged by a government agency.

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

6 i 2 State (18 USC (a) 23 relating to (1) (a) 2-8 (2) 28 (u) 7 (u) 13 (n) 65 (1) 2584 (2) 2 (n) 17 (0) 6714 (c) 5072 (e) 5129 (g) 9000

SECTION G—Comments (please attach additional pages, if necessary)

AUTHORIZED INSTITUTIONAL APPROVAL

By signing below, I certify that I am the authorized institutional official and the information and representations made herein are true and accurate. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies 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 agreement are at the Subrecipient's own risk. No work involving human subjects and/or animals may begin until the Subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.**

Signature of Subrecipient's Authorized Institutional Official

Typed Name of Subrecipient's Authorized Institutional Official

Title of Subrecipient's Authorized Institutional Official

Date