



Office of Research and Technology Transfer Subrecipient Statement of Collaboration

Please complete this form in its entirety, and have your Authorized Organizational Representative (AOR) sign. Return the completed form to research@astate.edu with all required proposal documents.

Section A – Proposal Information

Arkansas State University Principle Investigator: _____

PI Title: _____ Department: _____

Proposal Title: _____

Prime Sponsor: _____

Period of Performance: _____ to _____

Section B – Subrecipient Eligibility and Information

Legal Name: _____

Subrecipient Address (include ZIP code +4)

Congressional District(s)

Performance Site Address (if different from above)

Congressional District(s)

Employer Identification Number (EIN): _____

Registered in SAM: ☐ Yes ☐ No UEI code: _____ Exp. Date: _____

Cage Code: _____ Entity Type: City/Township/County Government

Administrative Contact Name and Title: _____

Phone: _____ **Fax:** _____ **Email:** _____

Financial Contact Name and Title: _____

Phone: _____ **Fax:** _____ **Email:** _____

Subrecipient Principle Investigator: _____

PI Title: _____ **Department:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Subrecipient Total Funds Requested: _____

Subrecipient Total Cost Share Committed: _____

Subrecipient Period of Performance: _____ to _____

1. Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?
☐ Yes ☐ No
2. Is the subrecipient PI (or any other employee/student planning to participate in this project) presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?
☐ Yes ☐ No
3. Is your 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
4. Has the organization within three (3) years preceding this offer had one or more contracts terminated for default by any federal agency? ☐ Yes ☐ No

If yes, please explain: _____



Section C – Proposal Document Checklist

- ☐ **STATEMENT OF WORK** (Describe subrecipient's specific role(s) and personnel involved with the proposed project.)
- ☐ **BUDGET AND BUDGET JUSTIFICATION** (If Grants.gov, a ".cayuse" file must be provided; if NSF Collaborative Proposal, the budget & justification must be uploaded into NSF fastLane or reseach.gov by the Subrecipient; if OTHER, non-Federal sponsor, attach budget and justification.)
- ☐ **OTHER:** _____

Section D – Certifications (check all that apply)

The following documents must be included:

1. Facilities & Administrative Rates include in this proposal are based on (check one):

- ☐ Our Federally Negotiated F&A rates for this type of work or a reduced rate that we hereby agree to accept (if this box is checked, please attach a copy of your F&A agreement – or – provide a URL link to the agreement in the space provided below.)

URL: _____

- ☐ Other rates (Please describe the basis on which requested rate has been calculated.)
- ☐ Not applicable- Subrecipient is not requesting payment of F&A costs

2. Fringe Benefit Rates included in this proposal are based on (Check one):

- ☐ Rates consistent with or lower than our federally negotiated rates (If this box is checked, please attach a copy of your organization's composite rate projections or a copy of your rate agreement -or- provide a URL link to this information.)

URL: _____

- ☐ Other rates (Please describe the basis on which requested rate has been calculated.)
- ☐ Not applicable- Subrecipient is not requesting payment of fringe benefits

3. Research Subject Compliance (check as applicable):

a. Human Subjects ☐ Yes ☐ No If Yes, provide your FWA #: _____

(If your organization does not have a FWA#, attach an explanation on how your organization will comply with U.S. federal regulations and policies for the protection of human participants.)

b. Animal Subjects ☐ Yes ☐ No If Yes, provide your AWA #: _____

(If your organization does not have an AWA#, attach an explanation on how your organization will comply with U.S. federal regulations and policies for the care, housing, and protection of animals in research.)

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

My organization certifies that it has an Institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research as required, and will train all NSF-supported personnel in accordance with NSF's RCR requirements. ☐ Yes ☐ No

If No, my organization will develop a plan to meet NSF's RCR requirement, and will submit that plan to Arkansas State University prior to issuance of a subaward agreement. ☐ Yes ☐ No

5. Lobbying (for U.S. federal projects only):

My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Member of Congress in connection with this proposed project. ☐ Yes ☐ No

If No, provide an explanation: _____

6. Financial Conflict of Interest (FCOI):

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.” Subrecipient also certifies that, to the best of 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. ☐ Yes ☐ No

7. Audit Status/ Fiscal Responsibility

a. Does your organization receive an annual audit in accordance with OMB 2 CFR 200 Subpart F?

☐ Yes ☐ No

If no, please indicate by checking below why your organization is not subject to 2 CFR 200 Subpart F audit requirements (Check one):

- ☐ My organization is a non-profit that expended less than \$750,000 in U.S. federal funds during our previous fiscal year.
- ☐ My organization is a foreign entity.
- ☐ My organization is a for-profit entity.
- ☐ My organization is a U.S. government entity.

If yes, list the most recent FY for which your 2 CFR 200 Subpart F audit has been completed: Please provide a link to the most recently completed 2 CFR 200 Subpart F audit for your Organization -or- attach a copy: _____

Were there any findings or exceptions noted? ☐ Yes ☐ No

Please explain any findings or exceptions: _____

b. Does Subrecipient consider its cost or pricing data proprietary? ☐ Yes ☐ No

If yes, indicate whether the Subrecipient will allow Federal Review of such data: ☐ Yes ☐ No

c. Does Subrecipient have a financial system that provides records that can identify the source and application of funds for award supported activities in accordance with FAR 52.216-7?

☐Yes ☐No

d. Does Subrecipient's financial management system provide for control and accountability of project funds, property, and other assets? ☐Yes ☐No

e. Does Subrecipient's procurement system allow for free and open competition, and elimination or reduce conflict of interest in the procurement process? ☐Yes ☐No

Section E – FFATA Reporting

During the previous fiscal year my organization received eighty percent (80%) or more of its annual gross revenues in federal awards AND twenty-five million dollars (\$25M) or more in annual gross revenues from federal awards. ☐Yes ☐No

If yes, please proceed with filling out the top 5 paid officers:

Officer 1 Name: _____ Compensation: _____

Officer 1 Name: _____ Compensation: _____

Officer 1 Name: _____ Compensation: _____

Officer 1 Name: _____ Compensation: _____

Officer 1 Name: _____ Compensation: _____

Section F – Approvals

The information, certifications, and representations above have been read and approved by an Authorized Organizational Representative of the Subrecipient named herein. 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.

I hereby certify that neither Subrecipient named herein, nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any U.S. Federal department or agency. 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.

By signing below, the Subrecipient understands that any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk and that 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 Authorized Representative

Name and Title of Authorized Institutional Representative

Date: _____ **Phone:** _____ **Email:** _____