

SUBRECIPIENT INFORMATION

Legal Name of Subrecipient (if individual enter last name first)

Address

Address Line 2

City State Zip Code + 4

Country Congressional District

Subrecipient Doing Business As Name (if applicable)

Is Payment Address Same as Address to the Left?
 Yes No (If No, provide below)

Address

Address Line 2

City State Zip Code

TAXPAYER IDENTIFICATION / BUSINESS CLASSIFICATION INFORMATION

1. U.S. or 2. Non U.S. - Foreign
 Select only one of the above

1a. Federal Taxpayer Identification No.

DUNS No. - REQUIRED

1b. Cage Code

2a. Year Incorporated/Established

Does Subrecipient have:

a. An approved/audited accounting system? Yes No

b. An approved/audited procurement system? Yes No

c. If required, a compliant conflict of interest policy? Yes No

Is Subrecipient registered in the System for Award Management? Yes No

For Federal Funding Accountability and Transparency Act (FFATA) reporting:

a. In the preceding fiscal year, did Subrecipient receive 80% or more of its annual gross revenues in Federal awards; and \$25M or more in annual gross revenues from Federal awards? Yes No

b. If a. above is Yes, does the Public have access to the names and total compensation of Subrecipient's five most highly compensated officers?
 Yes No

c. Did Subrecipient's gross income, from all sources, in the previous tax year exceed \$300,000? Yes No

Does Subrecipient receive **LESS than \$120,000** USD in Federal awards per year? Yes No

SUBRECIPIENT IN HOUSE AUDIT CONTACT

Subrecipient Audit Contact Name

Contact Title

Phone

Contact E-mail

Address

Address Line 2

City State Zip Code + 4

Fiscal Reporting Period

Subrecipient Fiscal Year Starts (Month/Date):

REQUIRED PROPOSAL DOCUMENTS

Title of Subrecipient's Proposal:

The following marked items must be included as part of your proposal packet:

LETTER OF COMMITMENT ON LETTER HEAD SIGNED BY INSTITUTION'S AUTHORIZED OFFICIAL AND SHALL INCLUDE THE FOLLOWING INFORMATION:

- Subrecipient Legal Name
- Subrecipient Address
- Subrecipient Total Funds Requested
- Subrecipient Period of Performance
- Subrecipient Principal Investigator
- Administrative Contact's name, email address, and phone number

STATEMENT OF WORK

BUDGET (in agency format)

BUDGET JUSTIFICATION (in agency format)

BIOGRAPHICAL SKETCH (in agency format)

CURRENT & PENDING SUPPORT (in agency format)

FINANCIAL CONFLICT OF INTEREST CERTIFICATION

SUBRECIPIENT DATA SHEET (this form)

COPY OF LATEST AUDIT REPORT OR FINANCIAL STATEMENT

Link:

COPY OF F&A (Indirect) RATE AGREEMENT--Required if proposing F&A Costs

Link:

COPY OF FRINGE RATE AGREEMENT--Required if proposing fringes

Link:

Does your budget include cost sharing? Yes No

If yes, amount: \$

Does your budget include participant support? Yes No

If yes, amount: \$

Place of Performance - where work will be carried out?

City State Zip Code + 4

Country (if outside the U.S.)

Does Subrecipient's Proposal include--if Yes, provide a copy of applicable approvals:

- a. Human Subjects? Yes No
- b. Animal Subjects? Yes No
- c. Embryonic Stem Cells? Yes No

Years of experience Subrecipient has receiving same or similar awards:

OTHER INFO: If your institution is a **Cayuse** user like Virginia Tech, you may complete your proposals in Cayuse and email the exported proposal to us. Institutions who are not Cayuse users may prepare your proposals via www.subawards.com and then email to us the attachment.

All the information requested on this checklist should be forwarded to us with your proposal.

CERTIFICATION

By signing below, I hereby certify that all the information provided is correct and, to the best of my knowledge, no investigators or individuals identified as being responsible for the design, conduct, or reporting of the research project identified above has a known or potential conflict of interest. In the event a conflict of interest arises, Subrecipient shall disclose such conflict in writing to Virginia Tech. **This proposal CANNOT be submitted nor can a Subaward be issued until all required documents are submitted and this completed form is returned to Virginia Tech.**

Signature of Authorized Official _____

Date

Typed Name

Title