

**Part I:** All subrecipients/subcontractors must complete this form when participating in a sponsored project with Columbia University. It must be signed by the subrecipient’s authorized official/institutional representative (AOR), or individual with the legal authority to sign on behalf of the subrecipient.

|   |                         |
|---|-------------------------|
| <b>Pass-through Entity (PTE):</b> <b>The Trustees of Columbia University in the City of New York</b>  |                         |
| PTE Principal Investigator (PI):  |                         |
| Prime Sponsor:  |                         |
| <b>SUBRECIPIENT PROPOSAL INFORMATION</b>  |                         |
| (1) Is the subrecipient a non-U.S./foreign entity?  | Yes    No               |
| (2) Is the subrecipient a for-profit organization?  | Yes    No               |
| Legal Name:   |                         |
| Address:  |                         |
| Project Title:  |                         |
| Subrecipient PI:  | AOR Name:               |
| Subrecipient PI Email:  | AOR Email:              |
| Place of Performance:   | AOR Phone #             |
| Performance Site Congressional District:  | Project Period:         |
| Unique Entity ID (UEI) <i>[if no UEI, see Part II]</i> :  |                         |
| Employer Identification Number (EIN):   | Total Requested Amount: |
| <b>PROPOSAL DOCUMENTS</b>   |                         |
| The following documents are included in our subaward proposal and covered by the certifications below:  |                         |
| <input type="checkbox"/> Scope of Work<br><input type="checkbox"/> Budget and Budget Justification for all budget periods (with cost sharing amount, if applicable)<br><input type="checkbox"/> Biographical Sketches<br><input type="checkbox"/> Current & Pending (Other) Support (if required by the sponsor at time of proposal submission)<br><input type="checkbox"/> Letter of Support |                         |
| <b>Subrecipient’s Scope of Work Includes:</b>   |                         |
| <input type="checkbox"/> Human Subjects <input type="checkbox"/> Vertebrate Animals <input type="checkbox"/> Human Pluripotent or Human Embryonic Stem Cells  |                         |

If the Prime Awarding Sponsor is the National Institutes of Health, we, the subrecipient organization, agree to abide by all requirements of the NIH Final Updated Policy Guidance for Subaward/Consortium Written Agreements (NOT-OD-23-182). Non-U.S. entities will be required to provide access to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as described in the progress report, to the primary recipient with a frequency of no less than once per year, in alignment with the timing requirements for Research Performance Progress Report (RPPR) submission. Such access may be entirely electronic.

By signing below, I certify that I am an authorized institutional representative and the appropriate programmatic and administrative personnel involved in this application are aware of all sponsor policies 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.

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

\_\_\_\_\_  
Signature of Subrecipient’s Authorized Institutional Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Subrecipient’s Authorized Representative

V2, 9/26/2024

Columbia PI:

Subrecipient PI:

Subrecipient:

Prime Sponsor:

Title:

**Part II: Subrecipient must complete Part II if NOT participating in the [FDP Expanded Clearinghouse](#). Check the FDP Expanded Clearinghouse webpage to see if you are a participant.**

### Certifications

1. **Indirect Cost Rates** included in this proposal have been calculated based on the following:

***When Prime Sponsor is a Federal agency:***

Our federally negotiated indirect cost rate for this type of work:

- Attach rate agreement, or provide link:

No federal negotiated rate and we hereby agree to accept the 15% de minimis modified total direct costs (MTDC) rate as a subrecipient.

**NOTE if sponsor is NIH:** Foreign or international consortium participants may include 8 percent of modified total direct costs (MTDC). For more information, see [NIH Grants Policy Statement, section 16.6](#).

***When Prime Sponsor is a non-Federal agency:***

Use of the non-federal sponsor's required indirect cost rate

Other, please explain:

2. Fringe Benefit Rates included in this proposal have been calculated based on the following:

Rates are consistent with our federally negotiated rates

Rates are consistent with our institution's rates for non-federal awards

Other, please explain:

3. **Financial Conflict of Interest**

Subrecipient has an active and enforced policy on conflict of interest consistent with the sponsor's requirements. Examples include, but are not limited to:

- Public Health Service (PHS) agencies ([PHS agencies](#)) follow the provision of [42 CFR Part 50 Subpart F](#) (see [NIH's FCOI webpage](#) for additional resources)
- NSF [Proposal & Award Policies & Procedures Guide \(PAPPG\)](#) Part II Chapter IX.A
- Department of Energy (DOE): [Interim Conflict of Interest Policy Requirements for Financial Assistance](#)
- NASA [Grant Information Circular \(GIC\) 23-07](#)

Subrecipient does not have an active and enforced conflict of interest policy, but will have implemented a conflict of interest policy and process which conforms to the requirements of the sponsor's requirements prior to receipt of any funds in the event that the above application is funded. If awarded, Columbia will follow-up to obtain evidence of policy.

\*If you cannot select either option above, you must immediately submit an explanation to [grants-office@columbia.edu](mailto:grants-office@columbia.edu) (Columbia University Irving Medical Center) or to [ms-grants-office@columbia.edu](mailto:ms-grants-office@columbia.edu) (Morningside (main) campus), along with this form. Your institution may not qualify to be a subrecipient for this project.

4. **Debarment, Suspension, Proposed Debarment**

Is the subrecipient, PI, or any other employee, or student participating in this project debarred, suspended, proposed for debarment, or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs or activities?      Yes      No

If **YES**, please explain below, and provide name(s) of individual(s) and role on this project, if applicable.

**Subrecipient Institutional Information: Unique Entity Identifier (UEI)**

Per [2 CFR 25.300](#), if awarded, Columbia University cannot make a subaward (**under federal financial assistance awards and cooperative agreements**) to a subrecipient without a Unique Entity Identifier (UEI). Some sponsors require subrecipients to have the UEI at the time the proposal is submitted. Refer to SAM.gov's [Get Started With Registration and the Unique Entity ID](#) to start the process of obtaining a UEI. Subrecipients are not required to complete full SAM registration to obtain a UEI. **For federal contracts only:** Subrecipients must have a full SAM registration (not just a UEI) in order to be eligible to receive a federal subcontract.

**Annual Financial Audit Questionnaires (check box and initial below)**

By initialing, you are agreeing that you (or another representative from your institution), if awarded, will complete a financial questionnaire detailing your internal controls to be reviewed before subaward issuance. Additionally, if the subaward is for multiple years, your institution will be required to complete an annual financial audit questionnaire. \_\_\_\_\_ (initial)