

SUBRECIPIENT CERTIFICATION FORM

Our records indicate that your organization is currently being considered for receipt of a subaward* under research funds awarded to the University of Southern California. Please ensure that all Documents listed below are completed, accurate and attached. Please check all applicable Certifications in Sections A through I and attach requested information. Please ensure that the form is signed by an Authorized Representative at your institution with the authority to legally bind your institution.

**This form may be used in lieu of a consortium letter of intent for non-FDP Clearinghouse members.*

Attached Documents: The below documents will be included in the subaward agreement and are covered by the certifications included in this Subrecipient Certification Form:

STATEMENT OF WORK (required)

BUDGET (required)

BUDGET JUSTIFICATION (required)

SECTION A – General Project Information

USC's PI: _____ Prime Sponsor: _____

Subrecipient Legal Name: _____

Subrecipient Place of Performance Address: _____

Subrecipient Organization Type: University Other Non-profit Industry/For-profit Other _____

Subrecipient Principal Investigator(s) name: _____

Project Title: _____

Subrecipient's Period of Performance: Begin: _____ End: _____

SECTION B – Expenses

Total Direct Costs: _____

Total F&A Costs: _____ F&A Rate Applied: _____% (please ensure this is compliant with prime sponsor)

Total Estimated Costs: _____

Cost Sharing/Matching/In-Kind Amount* (if applicable): _____

**Cost sharing, Matching, and/or In-Kind amounts and justification should be included in the subrecipient's budget*

SECTION C – Human Subjects, Animal Subjects, Stem Cells

Will Human Subjects be involved in subrecipient's scope of work?	Yes	No
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If "Yes": Federal Wide Assurance (FWA) Number: _____

FWA Approval Date: _____

If "Yes" and NIH funding is involved:

Have all key personnel involved completed Human Subjects Training?	Yes	No
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Note: All key personnel engaged in human subject research must take the NIH human subjects training or human subject research training (<https://grants.nih.gov/policy/humansubjects/training-and-resources.htm#Education%20Requirement>)

Will Animal Subjects be involved in the subrecipient's scope of work?	Yes	No
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If "Yes: Animal Welfare Assurance Number: _____

If "Yes": PHS Approved Animal Assurance Number: _____

PHS Approved Animal Assurance Approval Date: _____

PHS Approved Animal Assurance Expiration Date: _____

A copy of IACUC approval must be provided before the subaward will be finalized.

Does the work include Embryonic Stem Cells?	Yes	No
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If "Yes": A copy of the Stem Cell approval must be provided before the subaward is finalized.

SUBRECIPIENT CERTIFICATION FORM**SECTION D – FDP Clearinghouse Institutions**

My institution is currently participating in the [FDP Expanded Clearinghouse](#) and as an active and up-to-date profile:

Yes (please skip sections E – I, sign and return this form)

No (please complete all sections of this form)

SECTION E – Subrecipient Institution

Please fill out the below as applicable. Please note a UEI number is required for all Subrecipients receiving federal funding. SAM.gov registration is required for subrecipients receiving funding under Federal Contracts. If your institution is not currently in compliance with these requirements, please work to obtaining your UEI number / SAM registration prior to receiving the subaward.

Subrecipient's Unique Entity Identifier (UEI): _____

Subrecipient currently have an active registration in the System for Award Management (www.sam.gov)?

Yes (Expiration Date: _____ **)**

No

Does Subrecipient show "Debt Subject To Offset" in SAM?

Yes

No

Certification Regarding Debarment and Suspension

Is the Subrecipient, Subrecipient PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs or activities?

Yes (explain in Section I *Comments* below)

No

Subawards to any entity or individual included in the Federal Excluded Parties are prohibited.

Is the Subrecipient a Domestic Institution?

Yes (complete the below)

No (proceed to next question)

Subrecipient's Congressional District: _____

Federal Employer Identification Number (EIN): _____

Subrecipient CAGE code: _____

Is the Subrecipient an International Institution?

Yes (complete the below)

No (proceed to next question)

Prime Sponsor is NIH:

Yes (continue)

No (proceed to next question)

By checking this box, Subrecipient acknowledges per NIH policy on Foreign Subawards (NOT-OD-23-182) the anticipated subaward agreement will include the provision requiring the foreign subrecipient 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 submission. Such access may be entirely electronic.

Is Subrecipient owned or controlled by a parent entity?

Yes (complete the below)

No (proceed to next question)

Name of Parent Entity: _____

UEI Number: _____ Congressional District: _____

Address of Parent Entity: _____

General Questions regarding Subrecipient:

Does Subrecipient organization/Institution have an active and enforced conflict of interest policy?

Yes

No

Does the Subrecipient have adequate experience receiving same or similar awards?

Yes

No

Foreign Talent Recruitment Program: Subrecipient certifies that all Key Personnel are not a party to a malign foreign talent recruitment program (see the NSF PAPPG, Chapters I.E.2.(b) and II.D.1.e for additional information.)

Yes

No

SUBRECIPIENT CERTIFICATION FORM**SECTION F – F&A and Fringe Rates**

Facilities and Administrative Rates included in this subaward have been calculated based on:

Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.

A copy of the institution's F&A rate agreement must be furnished to USC via hard copy, website, or email before a subaward will be issued.

De minimis rate (10% / 15% on MTDC)

Other rates (please specify the basis on which the rate has been calculated in Section I *Comments* below)

No indirect costs requested by subrecipient

Fringe Benefit Rates included in this subaward have been calculated based on:

Rates consistent with or lower than our federally-negotiated rates

(If this box is checked, a copy of your FB rate agreement must be furnished to USC before a subaward will be issued.)

Other rates (please specify the basis on which the rate has been calculated in Section I *Comments* below).

No fringe benefits requested by subrecipient

SECTION G – Sponsor Specific Certifications

NSF: This Subaward will include funding from the National Science Foundation: **Yes (complete the below)** **No**

Conflict of Interest:

Subrecipient organization/Institution certifies that it DOES have an active and enforced conflict of interest policy that is consistent with the National Science Foundation Proposal and Award Policies and Procedures Guide, Chapter IX – Grantee Standards. 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 expenditures of any funds under any resultant agreement.

Subrecipient certifies that it does not have an active and/or enforced conflict of interest policy and agrees to abide by USC's policy and related procedures. See: <https://oprs.usc.edu/policies-and-procedures/coi/> for the text of USC's policy.

Ethics in Research Training (applicable to projects funded by NSF)

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

PHS: This Subaward will include funding from Public Health Services Agency (eg. NIH, SAMHSA, HRSA, CDC, FDA, AHRQ) or another sponsor requiring compliance with Financial Conflict of Interest (FCOI) rules and regulations:

Yes (complete the below) **No**

Conflict of Interest:

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 expenditures of any funds under any resultant agreement.

Subrecipient organization certifies that it DOES NOT HAVE an active and/or enforced conflict of interest policy and agrees to abide by USC's policy, located online <https://policy.usc.edu/conflict-of-interest-and-commitment/>.

DOD: This Subaward will include funding from a DOD Contract that may include Covered Defense Information (CDI)(DFARS 252.204-7012):

Yes (complete the below) **No**

Subrecipient hereby certifies that it has implemented information security measures that comply with NIST SP 800-171 (if not then please include explanation in Section I *Comments*) and agrees to notify USC when submitting a request to vary from a NIST SP 800-171 security requirement to the Contracting Office.

SUBRECIPIENT CERTIFICATION FORM**SECTION H - Audit Status**

We have completed our Single Audit as required under 2 CFR 200 for the most recent fiscal year. There were no material weaknesses, material instances of noncompliance, reportable conditions; or findings related to any subaward(s) from USC. **A complete copy of the audit report is in the Federal Audit Clearinghouse, enclosed or URL link is provided in Section I.**

We have not yet completed our Single Audit as required under 2 CFR 200 for the most recent fiscal year. A copy of the audit report will be uploaded in the Federal Audit Clearinghouse or **we will provide a complete copy of the audit report** when it is completed on (date): _____.

Note: In the interim, a complete copy of subrecipient's most recent audit report or the Internet URL link to a complete copy must be furnished to University of Southern California.

We have completed our Single Audit as required by 2 CFR 200 for the most recent fiscal year. There were material weaknesses, material instances of noncompliance, reportable conditions, or findings related to subaward(s) from USC University. **A complete copy of the audit report is in the Federal Audit Clearinghouse, enclosed, or URL link is provided in Section I, including our corrective action plan.** The specific audit finding(s) noted in the audit report relating to subaward(s) from USC are discussed in Section I.

We are not subject to Single Audit under 2 CFR 200 because (check all that apply):

Non-profit entity (under federal funding threshold)

Government entity

For profit entity

Foreign Entity (under federal funding threshold)

Note: As of 10/1/2024, International subrecipients are subject to the Single Audit requirements unless their federal funding in their most recent fiscal year is under the federal funding threshold.

Note: For organizations that are not subject to Single Audit under 2 CFR 200, University of Southern California will require entity to complete the Audit Certification and Financial Status Questionnaire and certify annually to its accuracy.

SECTION I – Comments

SUBRECIPIENT CERTIFICATION FORM**APPROVED FOR SUBRECIPIENT**

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. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy 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 and start date of the subaward agreement are at the Subrecipient's own risk.

Signature of Subrecipient's Authorized Official_____
Date_____
Name and Title of Authorized Official (Print)_____
Legal Address_____
Email_____
phone