

Subrecipient Assessment Form (SAF)

Loyola University of Chicago (LUC use only)

PTAP#:

LUC PI Name:

Project Title:

Prime Sponsor:

Project Period:

-

SECTION A – SUBRECIPIENT ELEGIBILITY

Dear (Potential) Subrecipient:

Any organization planning to enter into a collaborative subrecipient relationship with LUC must complete this form before a subaward is issued. Please answer the following questions to help us determine the level of monitoring that will be needed for the subaward.

Please answer the following questions **BEFORE** completing the rest of the form.

Yes No; Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or Agency?

Yes No; 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"?

If you answered "Yes" to either of the above questions it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the LUC Principal Investigator (PI) as soon as possible.

SECTION B – SUBRECIPIENT CONTACT INFORMATION

1. Subrecipient Institution Information

Subrecipient Legal Name:

Performance Site Address:

City:

State:

Zip:

UEI# (Required)

Parent Entity UEI Number (if applicable):

Institution Type:

Domestic Institutions:

EIN:

CAGE Code:

Performance Site Congressional District:

Registered in SAM? Yes No

Foreign (non-US) Institutions:

NAICS Code:

NCAGE Code:

Sub Project Period:

Sub Dollars Requested: \$

2. Principal Investigator Contact Information

Name/Title:

Department:

Phone:

Email:

Address:

City:

State:

Zip:

3. Administrative Contact Information

Name/Title:

Phone:

Email:

Address:

City:

State:

Zip:

4. Financial Contact Information

Name/Title:

Phone:

Email:

Address:

City:

State:

Zip:

SECTION C – SUBRECIPIENT PROPOSAL DOCUMENTS

Please submit any revised or updated documentation.

Statement of Work (Required)

Biosketches

Budget & Budget Justification

Other Support documents of all key personnel

W9

Other:

SECTION D – SUBRECIPIENT CERTIFICATIONS

1. Facilities and Administrative Rate

The rates included in the proposal have been calculated based on:

The federally negotiated F&A rates for this type of work.

Other rate *(Please specify the basis on which the rate has been calculated in the comments below)*

Do not have the Indirect Cost Rate Agreement - Using the de minimis rate of 10%

Not applicable *(No indirect cost request for Subrecipient)*

Comments:

2. Fringe Benefit Rate

The rates included in the proposal have been calculated based on:

Rates consistent with our federally negotiated rates.

(A copy of your fringe benefit rate agreement or a URL Link to the agreement must be furnished to LUC with this form)

URL Link for Fringe Benefits:

Other rates *(Please specify the basis on which the rate has been calculated in comments below)*

Not applicable *(No fringe benefit request for Subrecipient)*

Comments:

3. Fiscal Responsibility

The organization certifies that its financial system is in accordance with generally accepted accounting principles and (check all that apply)

Has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received

Maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations, and the provisions of contracts or grants;

Complies with applicable laws and regulations

Can prepare appropriate financial statements. Including the schedule of expenditures of federal awards

There are no outstanding audit findings which would impact project costs. If there are findings, submit a copy of the report that describes the finding and steps to be taken to correct the finding

4. Subrecipient Business Status (Complete only if your institution type is Small Business)

Identify all applicable Federally-defined qualifications:

Small Disadvantaged Business (SDB) (8a)

Women-Owned Business (WOSB)

Service Disabled veteran-owned small business (SDVOSB)

Veteran-owned small business (VOSB)

Small Minority Business (SMB)

HUBZone small business

5. Additional Debarment, Suspension, Proposed Debarment Information

(If "Yes" to any of the below questions, please explain in Section 1-Comments)

- | | | |
|-----|----|---|
| Yes | No | Is Principal Investigator or any other employee/student planning to participate in this project debarred, suspended, or otherwise excluded from or ineligible for participating in Federal Assistance Programs or activities? |
| Yes | No | Is the organization presently indicted for, or otherwise criminally or civilly charged by a government entity? |
| Yes | No | Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency? |

6. Human Subjects

- | | | |
|-----|----|---|
| Yes | No | Does this Subrecipient project involve Human Subjects ? |
|-----|----|---|

If "Yes" provide the following:

Subrecipient Federalwide Assurance (FWA) #:

A copy of the IRB approval(s) must be provided before any subaward will be issued.

7. Animals

- Yes No Does this Subrecipient project involve [Live Vertebrate Animals](#)? If “Yes” respond below. Is there an active or approved IACUC protocol?

Subrecipient [OLAW](#) Animal Welfare Assurance Number:

A copy of the IACUC approval(s) must be provided before any subaward will be issued.

8. Biosafety

- Yes No Does this project include research involving recombinant or synthetic nucleic acid molecules? If “Yes” respond below
- Yes No Is the research exempt from NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules? If “No” complete the following:

Subrecipient IBC protocol number:

Subrecipient IBC protocol approval date:

Subrecipient IBC protocol expiration date:

A copy of the IBC approval(s) must be provided before the subaward will be issued.

9. Radiation Safety

- Yes No Does this project include the use of radioactive materials or equipment that produces radiation? If “Yes” respond below.
- Yes No Is this material/equipment subject to local licensing/registration where it will be used for this project? If “Yes” complete the following:

Subrecipient License or Registration number:

Subrecipient License or Registration issue/approval date:

Subrecipient License or Registration expiration date:

Contact Andrew Ellis at aellis5@luc.edu for any questions specific to radiation safety compliance.

SECTION E – SUBRECIPIENT AUDIT REQUIREMENTS

[Requirements?](#)

If “Yes” Fiscal year of most recent audit:

- Yes No Were any audit findings reported in your most recent audit?

If “Yes” to audit findings, provide a description of the findings in Section I-Comments at the end of the document.

Subrecipients receiving an annual audit under UG 2 CFR 200 Subpart F are required to provide a copy of the most recent audit report to LUC ORS before a subaward will be issued. Provide the URL link. URL Link for Audit.

If Subrecipient does not receive an annual audit in accordance with UG 2 CFR 200 Subpart F, please select the appropriate box indicating why the Subrecipient would not be subject to compliance with UG 2 CFR 200 Subpart F certification: (check as applicable)

- Non-Profit entity that expended less than \$750,000 in U.S. federal funds during previous fiscal year
- U.S. Government Entity
- Foreign Entity
- For-Profit Entity
- Other (Please explain)

SECTION F – SUBRECIPIENT CONFLICT OF INTEREST/FCOI

Does the Subrecipient have a compliant conflict of interest policy?	Yes	No
Is there a potential or identified conflict of interest?	Yes	No

As of August 24, 2012, the Public Health Service (PHS) Financial Conflict of Interest FCOI policy is separate and distinct from that of the National Science Foundation (NSF). Please respond to each of the following separately.

1. NSF (or other sponsors that have adopted the NSF financial disclosure requirements) only (check as applicable)

Not applicable. No NSF funding involved.

Subrecipient certifies that it **has** an active and enforced NSF-compliant Conflict of Interest policy and will rely on this policy and associated procedures to comply with NSF Conflict of Interest policy.

Subrecipient **does not have** an active and/or enforced conflict of interest policy and agrees to abide by and follow LUC's policy including all financial interest disclosure and management processes. The policy may be found at [LUC Financial Conflict of Interest in Research Policy](#).

2. NIH (or other sponsors that have adopted the PHS financial disclosure requirements) only (check as applicable)

Not Applicable.

Subrecipient certifies that it **has** an active and enforced PHS-compliant FCOI policy and will rely on this policy and associated procedures to comply with PHS Conflict of Interest regulation.

Yes, Subrecipient is registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse.

Subrecipient **does NOT have** a PHS-compliant Financial Conflict of Interest (FCOI) policy.

Subrecipient must abide by and follow LUC's policy including all financial interest disclosure and management processes. The policy may be found at: [LUC Conflict of Interest in Research Policy](#).

For NSF and NIH funded projects where the Subrecipient does not have a compliant FCOI, please list in the space in (Table F.1.), the names of all investigators, and key personnel (as defined below) who will be involved in the subaward.

Investigator: The project director or principal Investigator and any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research funded by the PHS, or proposed for such funding, which may include, for example, collaborators or consultants.

TABLE F.1.

KEY PERSONNEL NAME	EMAIL ADDRESS
1.	
2.	
3.	
4.	
5.	

If further space is needed, please use additional sheet.

**SECTION G – Federal Funding Accountability and Transparency Act (FFATA) Information
(complete when collaborating on a U.S. federal project only)**

LUC is required under [FFATA](#) to collect Subrecipient information for transactions exceeding \$30,000.

Are all of the following true for your institution for the previous fiscal year?

Yes No-skip to Section H

- Received eighty percent (80%) or more of its annual gross revenues in Federal awards (federal contracts and subcontracts, loans, grants and subgrants, and cooperative agreements); AND
- Received twenty-five million (\$25M) or more in annual gross revenues from Federal awards; AND
The public does not have access to information about compensation of the five most highly compensated officers of your institution through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1).

*****Only complete the below compensation report if you checked “Yes” in the box above*****

NAME	COMPENSATION AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

SECTION H – Responsible Conduct in Research (RCR)

1. National Science Foundation (NSF) RCR Certification

Not applicable. This project is not being submitted to NSF for funding.

Subrecipient certifies that it maintains institutional plan to meet NSF's requirements for RCR.
Subrecipient confirms that it will verify that all NSF-supported undergraduate students, graduate students, and postdoctoral researchers are trained in RCR.

2. National Institutes of Health (NIH) RCR Certification

Not applicable. This project is not providing NIH support to trainees, fellows, participants, or scholars (undergraduate and/ or graduate students and postdocs) through any NIH training, career development award, research education grant, or dissertation research grant.

Subrecipient certifies that it will monitor and maintain records for the individual training plans as proposed by Subrecipient in accordance with NIH's RCR training requirements.

SECTION I – Comments

SECTION J – AUTHORIZED SIGNATURE

The information, certifications, and representations above have been read, signed, and made by an authorized institutional official 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.

By the signature below, Subrecipient certifies (1) that the information submitted within the application is true, complete and accurate to the best of the Subrecipient's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the institution and PI to criminal, civil, or administrative penalties; and (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress and other administrative reports as required if an award is made as a result of the prime recipient's application.

Any work begun and/or any expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk. In addition, 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.

Printed Name and Title of Authorized Official:

Email:

Phone:

Signature of Authorized Official:

Date: