

**Middle Tennessee State University
Subrecipient Information Form**

Please complete and return with the required documents listed below.

TO BE COMPLETED BY MTSU

Prime Sponsor	MTSU Proposal Number
MTSU PI/PD	Email
ORSP Contact	Email

TO BE COMPLETED BY PROPOSED SUBRECIPIENT

Subrecipient Name			
UEI (Required)		EIN	
Project Title			
Subrecipient PI/PD		Email	
Administrative Contact		Email	
Institutional Address (ZIP+4)		Performance Site (ZIP+4) (If different)	
Congressional District - Institution		Congressional District - Performance Site	
Proposal Documents	Statement of work Personnel Documents	Budget & Justification Indirect Rate Agreement	W9

SUBRECIPIENT INFORMATION

Total Amount	Direct Costs	Indirect Costs	Cost Sharing
Grant Period		Indirect Rate	Basis

The period of performance and budget information may be revised upon receipt of an award for this proposal.

F&A Rate

Do you have a Negotiated Indirect Costs Rate Agreement with a U.S. cognizant agency?

YES: Our federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. (If this box is checked, a copy of your F&A rate agreement or a URL link to the agreement must be furnished to MTSU.)

NO: Unless other restrictions or sponsor conditions exist, the Uniform Guidance (2 CFR 200.414(f)) *de minimis* 15% MTDC indirect costs will apply.

Not applicable (No F&A costs are requested by subrecipient)

F&A Rate Agreement URL

Fringe Benefits

Fringe benefit rates included in this proposal have been calculated based on the following:

Rates consistent with or lower than our federally negotiated rates. (If this box is checked, a copy of your fringe benefit rate agreement or a URL link to the agreement must be provided.)

Actual Rates as explained in the budget justification.

Other rates (Please specify the basis on which the rate has been calculated in Section E Comments.)

Fringe Rate Agreement URL

SUBRECIPIENT CLASSIFICATION

Subrecipient Type

Is your organization certified as any of the following? Check all that apply.

Minority-owned business

Women-owned business

Is your organization a small business?* If yes, identify the business type. Check all that apply.

Small disadvantaged business

Women-owned small business

Veteran-owned small business

Service-disabled veteran-owned small business

HUBZone small business concern

*Certified by the Small Business Administration

PRIOR EXPERIENCE						
Has your organization previously served as a subrecipient on a sponsored project? YES: We have prior experience serving as a subrecipient. NO: We have no prior experience serving as a subrecipient.						
Has your organization previously worked with the prime sponsor funding this project?* Check all that apply. YES: We have received direct awards from this sponsor. YES: We have served as a subrecipient under this sponsor. NO: We have no prior experience with this sponsor.						
<i>*The prime sponsor is the agency providing funding to MTSU.</i>						
REQUIRED SUBRECIPIENT CERTIFICATIONS						
Audit						
Does the subrecipient receive an annual audit in accordance with OMB Circular A-133?					YES	NO
Were any audit findings reported?		YES	NO	Most recent fiscal year audit completed		
Audit URL				Fiscal Year End (MM/DD/YYYY)		
Does the subrecipient receive overall federal funding of at least \$750,000 per year?					YES	NO
<i>A complete copy of subrecipient's most recent audit report, or the URL link to a complete copy, must be furnished to MTSU before a subaward can be issued.</i>						
Compliance						
Human Subjects?	YES	NO	FWA Number (If Applicable)		Human Stem Cells?	YES NO
Animal Subjects?	YES	NO	Assurance Number (If Applicable)		Animals Euthanized?	YES NO
Conflict of Interest						
Subrecipient organization/institution hereby 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."					YES	NO
<i>If "No," Subrecipient hereby agrees to abide by MTSU's policy.</i>						
Responsible Conduct of Research						
Subrecipient certifies that a Responsible Conduct of Research (RCR) training plan is in place for all undergraduates, graduate students, and postdoctoral researchers consistent with agency requirements.					YES	NO N/A
Research Security Training (NSF, NIH, DOE, and DOD)						
Subrecipient certifies that each individual identified as senior/key personnel on this project has completed, or will complete prior to engaging in project activities, Research Security Training in accordance with federal research security requirements.					YES	NO N/A
Debarment, Suspension, and Responsibility						
Is the PI or any other employee or student participating in this project, debarred, suspended or otherwise excluded?					YES	NO
Has the PI or any other employee or student participating in this project, within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining , attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commissions of contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements or receiving stolen property?					YES	NO
Has the PI or any other employee or student participating in this project, within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?					YES	NO

Fiscal Responsibility

The organization certifies that its financial system is in accordance with generally accepted accounting principles and:

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 received and expended and the Federal programs under which they were received.

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 this project. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

Federal Funding Accountability and Transparency Act (FFATA)

Not applicable because this project is under \$30,000.

YES Subrecipient organization/institution hereby certifies that it is registered with SAM.gov or will be registered prior to
NO an agreement being issued for completion of this proposal.

YES During the previous fiscal year, did the subrecipient receive 80% or more of its annual gross revenues in Federal
NO awards AND \$25 million or more in annual gross revenues from federal awards AND is not subject to SEC and
IRS compensation reporting requirements?

YES Does the public have access to information about the compensation of the top five executives of the organization
NO 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?

Lobbying (for U.S. Federal projects)

YES The organization certifies that no payments have been paid or will be paid to any person for influencing or
NO attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of
Congress, or an employee of a Member of Congress in connection with this proposed project (If "No," attach
explanation).

Export Controls

Subrecipient is individually responsible for ascertaining its compliance with federal export laws and procedures and certifies that an export control officer, or other authorized person will ensure that policy and procedures are in place to comply with federal export laws and procedures.

SUBRECIPIENT CERTIFICATION

The appropriate program and administrative personnel of the institution involved in this application are aware of the sponsoring agency's guidelines and are prepared to enter into good faith negotiations to establish the necessary inter-institutional agreement(s). The institution makes all applicable assurances/certifications.

Authorized Representative Signature

Date

Printed Name/Title

Address

Phone Number

City, State, Zip

Email Address