

University of Nevada, Reno
Subrecipient Proposal Assurance Form (OSP-SUB-1)

Proposal/Project Title			
UNR Principal Investigator		Prime Sponsor	
Subrecipient Legal Name		Subrecipient DUNS	
Subrecipient EIN		Email address	
Address		City, State, Zip	
Phone		Fax	

Subrecipient Principal Investigator/Project Manager

Subrecipient Performance Period	From		To		Subrecipient Total Funds	
					Subrecipient Cost Share	

Subrecipient Certifications

1. Annual Audit Type: A-133 Independent Third Party None Up to Date System for Award Management Yes No
2. Facilities and administrative rates included in this proposal have been calculated based on the following:
- The subrecipient federally negotiated F&A rates for this type of work, or reduced F&A rate that we agree to accept.
- Attach approved rate agreement or provide URL here:
- Not applicable
3. Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? Yes No

The attached budget, budget justification and scope of work are covered by this certification.

The subrecipient certifies that it is able to comply with all applicable regulations per the Prime Sponsor solicitation including, but not limited to, human subjects, animal use & care, recombinant DNA, stem cells, conflict of interest, and training.

The subrecipient certifies that the appropriate programmatic and administrative personnel involved in the management of this project are aware of agency policies and are able to adequately document allowable costs. Furthermore, that they will be able to produce such documentation upon request of the University of Nevada, Reno.

The subrecipient certifies that it is in compliance with all relevant rules and regulations relating to the conduct of this project and that the information, certifications, and representations above have been read, signed, and made by an authorized organizational representative (AOR) of the subrecipient.

Authorized Organizational Representative Approval:

Name _____ Title _____

Signature _____ Date _____