



UNIVERSITY OF NEVADA, RENO

SUBRECIPIENT INFORMATION FORM (SP-Sub-1.2)

Section A: Prime Award Information

Project Title: _____
Prime Sponsor: _____ InfoEd # or Prime Sponsor Award ID: _____
UNR PI: _____
UNR Period of Performance: _____ Total Proposal/Award Amount to UNR: _____

Section B: Subrecipient Information

Subrecipient Legal Name: _____
Organization's Address (Include ZIP +4): _____

Congressional District (if in U.S.): _____
Performance Site Address (if different from above): _____

Subrecipient DUNS/UEI: _____ SAM Expiration Date: _____
Subrecipient EIN: _____ CAGE Code: _____
Subrecipient Organization Type: University Non-profit Industry/For-profit Other
Subrecipient PI Name: _____ E-mail Address: _____
Period of Performance: From: _____ To: _____
Subrecipient Total Funding: _____ Amount cost shared: _____ N/A
First Increment Budget Period: _____ First Increment of Funding: _____

Section C: Project Specific Information

1. Yes No Will Human Subjects be involved in Subrecipient's portion of the project?

If human subjects are involved in this project, subrecipient shall conduct the activities in accordance with the DHHS regulations codified at 45 CFR Part 46 - Protection of Human Subjects and obtain IRB approval of the planned involvement of human subjects in the project. Upon UNR's request, subrecipient will provide certification of the review and date of approval by the subrecipient's IRB. As required, subrecipient will ensure that all personnel participating in the project complete the National Institutes of Health education requirement on the protection of human subjects, addressed in NIH Notice OD-00-039.

2. Yes No Will Animal Subjects be involved in Subrecipient's portion of the project?

If animal subjects are involved in this project, subrecipient shall conduct the activities in accordance with NIH "Principles for Use of Animals", the Animal Welfare Act (7 U.S.C. 2131 et. seq.) and all other applicable Federal laws, and policies. Practices for the procurement, housing, and care of laboratory animals shall conform to NIH Guide for the Care and Use of Laboratory Animals in Research and all USDA requirements. Upon UNR's request, subrecipient will provide certification of the review and date of approval by the subrecipient's IACUC.

3. Yes No Will Recombinant DNA, Human, Plant, or Animal Pathogens or Biological Toxins be involved in subrecipient's portion of the project?

If Recombinant or Synthetic Nucleic Acid Molecules are involved in this project, subrecipient shall conduct the activities in accordance with the NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules. Upon UNR's request, subrecipient will provide certification of the review and date of approval by the subrecipient's IBC.

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4. Yes No Under Subrecipient's planned project, does Subrecipient expect to provide or receive any information, technology, or materials that may be subject to U.S. export control regulations? If 'Yes' attach an explanation.

Section D: Compliance

1. Yes No Is the Subrecipient PI or organization presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by any federal or non-federal department or agency?
2. Yes No Does your organization have an established financial management and accounting system that meets the requirements of 2 CFR Part 200.302 or FAR Part 30 and 31?
3. Yes No Does your organization have an established procurement system that complies with the requirements and standards of 2 CFR Parts 200.317-326 or FAR 44.3?

If your answer to either of the last two questions is 'No' your organization may be required to complete UNR's Financial Questionnaire.

Section E: Subrecipient Eligibility

1. Yes No Is your organization presently indicted for, or otherwise criminally or civilly charged by, a governmental entity? If 'Yes' please attach an explanation.
2. Yes No Has your organization, within a three-year period preceding the subrecipient agreement anticipated start date, had one or more public transactions (Federal, State, or local) terminated for cause or default? If 'Yes' please attach an explanation.

Section F: Audit, Financial and Representations

1. Organizational Information:

What year was your organization established?

2. Audit Status:

Yes No Is your organization required to have an annual audit performed in accordance with 2 CFR Part 200 Subpart F – Audit Requirements (Single Audit)?

If 'Yes' provide a copy of you most recent Single Audit report or provide a URL link to the Single Audit.

If 'No' indicate why your organization is not subject to Single Audit requirements:

My organization is a non-profit that expended less than \$1,000,000.00 in U.S. federal funds during your previous fiscal year?

My organization is a foreign entity.

My organization is a for-profit entity.

Note: If your organization is not subject to the Single Audit requirements your organization must provide a copy of its most recent independent financial audit, a management letter from an independent auditor, or complete the UNR Financial Questionnaire prior to execution of a subrecipient agreement.

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3. Indirect costs included in this proposal have been calculated based on

Our federally negotiated F&A rates for this type of activity. *If this box is checked, please attach a copy of your Indirect Cost rate agreement (or provide a URL link to the agreement) or attach a copy of federal approval of the rate used in the planned subrecipient agreement.*

De minimis rate – per 2 CFR 200.414(f) subrecipient meets the requirements for and elects to use the 15% MTDC de minimis rate.

Other rates If this box is checked, please attach a description of the basis on which the rate has been calculated. If you are a for-profit entity, submit a copy of your federally-approved rates, redacting any proprietary information.

Not applicable – subrecipient is not requesting payment of indirect costs.

4. Fringe Benefit Rates included in this proposal have been calculated based on (check as applicable):

Rates consistent with or lower than our federally negotiated rates., My organization's composite employee rate projections is attached or your federally negotiated rate agreement URL link provided as follows:

Other rates. If your organization does not have a federally-negotiated rate, please attach a description of the basis on which the rates have been calculated.

5. For-Profit Organizations Only:

Yes No Subrecipient represents that it is a small business concern as defined in 13 CFR 121, Subpart A – Size Eligibility Provisions and Standards

6. Lobbying:

Yes No Has any lobbying been done in connection with this proposed project? Lobbying is defined as Federal appropriated funds paid or to be paid by Subrecipient to any person for influencing or 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. Of 'Yes' attach an explanation.

7. Conflict of Interest:

Subrecipient has and will use its own active and enforced Conflict of Interest Policy that is consistent with all applicable federal, state and sponsor requirements. For example, subrecipients receiving PHS agency funding must have a policy consistent with the provision of 42 CFR Part 50 Subpart F "Responsibility of Applicants for Promoting Objectivity in Research."

Subrecipient does not have an active and enforced Conflict of Interest Policy and agrees to abide by UNR's policy, located at <https://www.unr.edu/administrative-manual/2000-2999-personnel/2050-conflict-of-interest-policy>. The option to abide by UNR's Conflict of Interest Policy is not available in the case of PHS or U.S. Department of Energy flow-through funds which have their own Conflict of Interest Policy requirements.

8. PHS, DOE, and all other sponsors that have adopted the PHS financial disclosure requirements: (check as applicable)

My organization certifies that it does have a DOE or PHS-compliant Financial Conflict of Interest (FCOI) policy and for PHS is registered as an organization with a PHS-compliant FCOI policy with the FDP FCOI Clearinghouse. My organization certifies that it will rely on this policy to comply with DOE or PHS Conflict of Interest regulations, and that, to the best of its knowledge, all financial disclosures required by its conflict of interest policy and related to the activities that may be funded by or through a resulting agreement were made before its proposal was submitted to University of Nevada, Reno.

My organization certifies that it does not currently have a DOE or PHS-compliant Financial Conflict of Interest (FCOI) policy and understands that a subaward cannot be issued to my organization until such a policy is in place. Note: If checked, you must respond to the following:

Yes No Did any of your organization's personnel that meet the definition of an Investigator answer "Yes" to the following question? Do you, your spouse, your registered domestic partner, and/or your dependent child(ren) have any of the following financial interests related to your institutional responsibilities?

- Receipt of income or other payment for services over the past 12 months from and/or equity interest(s) in a publicly traded entity totaling more than \$5,000
- Receipt of income or other payment for services over the past 12 months from a non-publicly traded entity totaling more than \$5,000
- Any equity interest(s) in a non-publicly traded entity
- Receipt of payments totaling more than \$5,000 for any intellectual property rights and interests (e.g., from patents, copyrights assigned to any entity that is not a non-profit organization).

9. Responsible and Ethical Conduct of Research (RECR): (applicable to projects funded by NSF or any other programs requiring Ethics in Research training):

Yes No NA My organization certifies that it has a training program in place and will train all personnel in the responsible and ethical conduct of research, in accordance with the Sponsor's program-specific requirements.

10. CHIPS and Science Act of 2022 Public Law 117 - 167: (only for U.S. Federal Projects):

Yes No My organization certifies that, per Section 10634, each Covered Individual listed in the Subaward Proposal has completed research security training that meets the guidelines developed under subsection (b) of Section 10634, as required by the Federal Awarding Agency.

Yes No My organization certifies that, per Section 10632, each Covered Individual listed in the Subaward Proposal has certified that they are not a party to a Malign Foreign Talent Recruitment Program, as required by the Federal Awarding Agency.

11. NIH International Subrecipient Reporting Requirements (only for non-U.S. Subrecipients supported by NIH)

Yes No My organization is aware of and will comply with the provisions of NIH Grants Policy Statement 15.2.1 requiring that international subrecipients provide access (electronic access permissible) to copies of all lab notebooks, all data, and all documentation associated with the research as described in the progress report to the primary funding recipient and in alignment with progress report submission requirements, on no less than an annual basis.

12. Dual Use Research of Concern (DURC) and Pathogens with Enhanced Pandemic Potential (PEPP): (only for U.S. Federal Projects)

Yes No Will your organization's portion of this project involve DURC/PEPP? (As of May 6, 2025, applies only to NIH awards) If "Yes", my organization is aware of and will comply with the U.S. Government Policy for Oversight of Dual Use Research of Concern (DURC) and Pathogens with Enhanced Pandemic Potential (PEPP), as required by the Federal Awarding Agency.

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Section G: Authorized Representative Approval

The information and representations above have been read, signed, and made by the authorized official of the subrecipient named below. The appropriate programmatic and administrative personnel involved in this project are aware of prime sponsor policy in regard to subrecipient agreements and are prepared to establish the necessary inter-organizational agreements consistent with those policies.

Signature of Subrecipient's Authorized Official

Date

Printed Name and Title of Authorized Official

Email and Phone