



**University of Nevada, Reno  
Subrecipient Proposal Assurance Form (SP-Sub-1)**

**Subrecipient Information**

Proposal/Project Title:

University of Nevada, Reno Principal Investigator:

Prime Sponsor:

Subrecipient Legal Name:

Subrecipient DUNS:

Subrecipient EIN:

Email:

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

2. Current System for Award Management Registration:              Yes              No

3. Facilities and administrative (F&A) rates included in this proposal have been calculated based upon the following:

The subrecipient federally negotiated F&A rates for this type of work or reduced F&A that we agree to accept.

Attach approved F&A rate agreement or provide URL here:

Not applicable

4. Is the principal investigator 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 is able to comply with all applicable regulations per the Prime Sponsor solicitation including, but not limited to, human subjects, animal use and 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, subrecipient certifies that they will be to produce such documentation upon the 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: