

SECTION A: Pass Through Entity (PTE) and Proposal Information

Lehigh Principal Investigator: _____ Lehigh Department: _____
Prime Sponsor/Agency: _____
Proposal Title: _____
Period of Performance Begin Date: _____ End Date: _____
Period of Performance for Subrecipient (if different) Begin Date: _____ End Date: _____

SECTION B: Subrecipient Eligibility

Dear (Potential) Subrecipient:

Any organization planning to enter into a subrecipient relationship with Lehigh University must complete this form at the proposal stage. Please answer the following questions to determine if a formal subrecipient partnership can be established between your organization and Lehigh.

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"?

Please note: If you answered "Yes" to either of the above questions it will not be possible to establish a subcontract with your organization at this time, and you need not complete the remaining sections of this form. Please notify the Principal Investigator (PI) and/or Lehigh University Contract & Grant Specialist as soon as possible.

SECTION C: Subrecipient Information

Institution/Organization Legal Name: _____

Type of Organization: _____

Registration for System for Award Management (SAM):

Yes Expiration Date: _____

No Note: SAM registration is required. Registration website: <http://www.sam.gov>

DUNS or Entity ID (UEI): _____

Federal Employer Identification Number (EIN): _____

ORCID ID: _____

Subrecipient PD/PI Name (Required): _____

Phone: _____ Email: _____ **Please see Attachment 3B for contact information.**

Subrecipient Total Funds Requested: _____

Cost Sharing / Matching / In Kind (if required by sponsor):
(Amounts and sources must be included in subrecipient budget and budget justification)

Performance Site Address: _____

City: _____ State: _____ Zip Code +4: _____

Performance Site Congressional District: _____

SECTION D: Proposal Documents

The following documents are included in the proposal submission and covered by the certifications below. (Check those that apply.)

STATEMENT OF WORK (must describe the subrecipient-specific role within the project) *(Required for all proposals)*

BUDGET DETAILS (required for all proposals)

BUDGET NARRATIVE/JUSTIFICATION (required for all proposals)

INSTITUTIONAL COMMITMENT LETTER (must include cost share commitment, if required)

BIOSKETCH/CV OF KEY PERSONNEL (in agency-required format)

CURRENT/PENDING SUPPORT (if required by agency)

COLLABORATORS AND OTHER AFFILIATES (OR CONFLICT OF INTEREST LIST) (if required by agency)

OTHER (as needed or requested):

SECTION E: Certifications and Authorized Organization Representative (AOR) Approval

1. Facilities and Administrative Rates included in this proposal have been calculated based on (check as applicable):

Our federally negotiated F & A rate for this type of work is _____ (enter F & A rate). *(Please attach a copy of your signed rate agreement or provide a URL to the agreement below).*

URL:

Other *(Please attach a description of the basis on which the rate(s) have been calculated, or please address this in the budget justification document.)*

Not applicable *(No indirect costs are requested by Subrecipient for this proposal)*

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

Rate is consistent with or lower than the federally negotiated rate(s). *(Please attach a copy of your signed rate agreement or your rate projections for this fiscal year or provide a URL to the agreement below).*

URL:

Other *(Please attach a description of the basis on which the rate(s) have been calculated, or please address this in the budget justification document.)*

Not applicable *(No fringe benefits are requested by Subrecipient for this proposal)*

3. Research Subject Compliance Information (check as applicable):

The subrecipient understands that no work involving human subjects and/or animal subjects may begin until the subrecipient has obtained Institutional Review Board and/or Animal Care and Use Committee review and approval.

Yes No **Human Subjects** involved in the subrecipient portion of this project.

Assurance #: _____ AAHRPP Accredited Organization *(check if applicable)*

For federally-funded or supported non-exempt cooperative research studies (involving more than one institution) please check this box if Single IRB (sIRB) Review will be needed for Multi-Site Cooperative Research.

Yes No **Animal Subjects** involved in the subrecipient portion of this project.

Assurance #: _____ AAALAC Accredited Organization *(check if applicable)*

4. Certification of Responsible and Ethical Conduct of Research (check one):

NSF: Subrecipient certifies that it maintains an Institutional Plan to meet NSF's Educational Requirements, as required under the America Competes Act Public Law 110-69-August 9, 2007, and subrecipient has a training program in place for all NSF-funded undergraduate students, graduate students, and postdoctoral researchers.

NIH: Subrecipient certifies that it monitors and maintains records for individual training plans in accordance with NIH requirements.

Not applicable: Subrecipient certifies that this project does not involve funding from NSF or NIH.

5. Certification of Conflict of Interest (check all that apply):

Subrecipient organization/institution hereby certifies that it 1) has an active and enforced policy on conflict of interest consistent with the provision of NSF Proposal & Award Policies & Procedures Guide, Chapter IX. Grantee Standards, A. Conflict of Interest Policies; 2) has an active and enforced policy on conflict of interest consistent with the PHS/NIH Guide Notice NOT-OD-19-114 (7/10/2019) and the requirements in 42 CFR Part 50, Subpart F on Promoting Objectivity in Research (the fCOI regulation); or 3) has an active and enforced policy on conflict of interest consistent with the Department of Energy Interim Conflict of Interest Policy.

All financial disclosures have been made related to the activities that may be funded by or through a resulting agreement; and all identified conflicts of interest have or will have been satisfactorily managed, reduced, or eliminated in accordance with subrecipients' Conflict of Interest policy prior to the expenditure of any funds under a resulting agreement.

My organization **DOES NOT HAVE** a PHS/NIH, NSF, or DOE compliant policy in place, but will have an fCOI policy established, adopted, and implemented prior to execution of a subaward agreement.

My organization does not have an active and/or enforced conflict of interest policy and agrees to abide by Lehigh University's Financial Conflicts of Interest Related to Research and Sponsored Programs policy.

Not applicable, because this project is not being funded by PHS/NIH, NSF, DOE or any other program requiring Federal or DHHS Financial Conflict of Interest disclosure.

6. Certification of Debarment, Suspension, Proposed Debarment:

Yes	No	Is the Subrecipient PI or any other employee/student, planning to participate in this research project, debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?
Yes	No	Is the Subrecipient organization presently indicted for, or otherwise criminally or civilly charged by a government entity?
Yes	No	Has the Subrecipient organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency?

If "Yes" has been answered to any question above, please attach (on a separate sheet) an explanation.

7. Audit Status and Fiscal Responsibility:

Yes	No	Does your organization receive an annual audit in accordance with 2 CFR 200 Subpart F?
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If "Yes," respond to the following:

Please provide a copy to the Lehigh Administrative Contact or a URL:

We have completed our Single Audit for fiscal year ending:

No material weaknesses, no material instances of noncompliance with federal laws or regulations, no reportable conditions, no findings, and there are no unresolved prior year findings related to any subaward(s) from Lehigh University.

Yes there are material weaknesses, material instances of noncompliance with federal laws or regulations, reportable conditions, findings, or unresolved prior year findings related to subaward(s) from Lehigh University.

If "No," please indicate why your organization is not subject to 2 CFR 200 single audit requirements (check all that apply):

Expenditures less than \$750,000 in federal awards annually	Is a for-profit entity
Other:	Is a foreign or non-U.S. entity

Please provide a copy of your most recent Financial Statements/Report to the Lehigh Administrative Contact or a URL:

Subrecipient certifies that its financial and procurement systems are 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 in compliance with applicable laws, regulations, and the provision of contracts or grants.

APPROVED FOR SUBRECIPIENT:

The information, certifications, and representations above have been read, signed, and made by an Authorized Organization Representative (AOR) of the Subrecipient organization. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **The Subrecipient understands that any work begun or expenses incurred prior to execution of a subaward agreement are at the Subrecipients' own risk.**

Signature of Subrecipient Authorized Organization Representative (AOR)

Date:

Name and Title of AOR:

Email:

Phone:

Fax:

Subrecipient Name: