



**SUBAGREEMENT # \_\_\_\_\_**

**This checklist must be completed by an approved FIO staff member to ensure Subrecipient has provided all required information.**

**Subrecipient Information:**

PI Name:  Center of Excellence:

DUNS #:  EIN:  CCR Registered:  Yes  No

Contact Information of Subrecipient PI (Address, Phone, Congressional District, and Country):

Telephone:  Email:

Total Funds Awarded:  Performance Period: From:  To:

**Administrative Contact:**

Name:  Email:

Telephone:  Fax:

Address:

**Authorized Official:**

Name:  Email:

Telephone:  Fax:

Address:





**SECTION A – Proposal Documents**

The following documents are included in the subaward proposal submission and covered by the certifications below:

- STATEMENT OF WORK *(required)*
- BUDGET AND BUDGET JUSTIFICATION *(required)*
- Small Disadvantaged Business Subcontracting Plan in agency-required format *(ONLY required for federal proposals/contracts over \$650,000)*

**SECTION B – Environmental Compliance Checklist, Animals and/or Human Subjects**

1. **Treasury RESTORE Act Environmental Checklist completed?**  Yes  No  
Date completed: \_\_\_\_\_

2. **Will Animal Subjects be used?**  Yes  No, If No, move to next question  
Animal Welfare Assurance Number: \_\_\_\_\_  
Is IACUC review pending?  Yes  No  
If approved, enter protocol number: \_\_\_\_\_ Approval date: \_\_\_\_\_  
Is a copy of approved IACUC plan included?  Yes  No

3. **Research involving human subjects is not permitted unless explicitly authorized. Will Human Subjects be used?**  
 Yes  No, If No, move to next question  
If yes, date Special Award Condition completed: \_\_\_\_\_  
Human Subjects Assurance Number: \_\_\_\_\_  
Is IRB review pending?  Yes  No  
If approved, enter protocol number: \_\_\_\_\_ Approval date: \_\_\_\_\_  
Is a copy of an approved IRB plan included?  Yes  No

See Subagreement Attachment 5, Standard Terms and Conditions for further information.

**SECTION C – Certifications and Representations**

1. **Facilities and Administrative (F&A) Rates** applied in this proposal are based on:  
 Federally negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. Copy of subrecipient’s F&A rate agreement attached or provide URL \_\_\_\_\_  
 FIO’s required rate of 10%  
 Other rates *(please specify the basis on which the rate has been calculated in Section E Comments below)*  
 Not applicable *(no F&A cost requested)*

2. **Fringe Benefit (FB) Rates** applied in this proposal are based on:  
 Rates consistent with or lower than our federally negotiated FB rates. Attach copy of subrecipient’s F&A rate agreement, FB agreement or provide URL \_\_\_\_\_





- Other rates (specify the basis on which the rate has been calculated in Section E Comments below)
- Not applicable

**3. Conflict of Interest** Check applicable box.

Is a copy of the FIO required Conflict of Interest form included?

- Yes, and Subrecipient hereby certifies it **has** implemented and is enforcing a written policy of financial conflict of interest compliant with the disclosure form provided by FIO, created in consultation with the University of South Florida Research Integrity and Compliance Office. All individuals responsible for the design, conduct or reporting of research for the proposal have made the required disclosures. All required reports and disclosures have been made to the Subrecipient's institutional official in accordance with the subrecipient's policy.
- No, and Subrecipient **has not** implemented a written policy of financial conflict of interest compliant, however, **Subrecipient agrees to abide by USF's Financial Conflicts of Interest Policy 0-309. USF Forms A & B have been completed** for all individuals responsible for the design, conduct or reporting of the research for the proposal, and must either be returned with this form or submitted online by accessing the forms at: <http://www.research.usf.edu/dric/conflicts-of-interest/subrecipient-fcoi-policy.asp>

**All applicable forms must be completed prior to proposal submission.**

- Not applicable because this project is not being funded by PHS or a sponsor requiring adherence to the PHS requirement.

**4. Debarment and Suspension**

Is the Subrecipient, PI or any other employee or student proposed to participate in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal dept., agency, assistance programs or activities?

- Yes  No (If "Yes", explain in Section E Comments below)

**5. Sam.gov search completed?**  Yes Date: \_\_\_\_\_  No

If yes, please explain any issues of concern:

---



---



---

**SECTION D – Audit**

1.  Subrecipient receives an annual audit in accordance with OMB Circular A-133.

<http://www.whitehouse.gov/omb/circulars/a133/a133.html>

Most recent fiscal year completed: FY \_\_\_\_\_

- Audit report is available on the Federal Audit Clearinghouse, or
- Audit report is available at this URL \_\_\_\_\_,
- or Audit report is attached

Were there any audit findings?  Yes  No

If yes, please explain any issues of concern: \_\_\_\_\_





# Florida RESTORE Act Center of Excellence Program 4710-1126-00 SUBRECIPIENT INFORMATION AND COMPLIANCE CHECKLIST

2.  Subrecipient does not have an A-133 Audit. A copy of subrecipient’s most current audited financial statements, independent auditors report, and management letter (if applicable) is enclosed and/or can be reviewed at the following web link: \_\_\_\_\_.

### 3. Financial Contact Information

Name:  Email:

Telephone:  Fax:

Address:

### 4. A-133 Audit Contact Information

Name:  Email:

Telephone:  Fax:

Address:

## **SECTION E – Comments**



### CERTIFICATION

The information, certifications and representations above have been obtained through review of proposals, subagreements, provided by subrecipients and additional research.

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 agreement consistent with those policies. I certify that the information submitted within the proposal is true, accurate, and complete, is the original work of the subrecipient’s PI, and to the best of my knowledge has not been used by other individuals in the preparation and submission of a similar grant application.

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of FL RACEP Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
William T. Hogarth, Ph.D., Director  
Florida Institute of Oceanography  
PI for award 7410-1126-00

\_\_\_\_\_  
Date

