**Subaward Data Collection Form**

*This form is used to collect subrecipient data post award for federal awards on which the University of Wisconsin-La Crosse (UWL) is the PTE. The information is used to ensure compliance with subrecipient risk assessment and monitoring requirements outlined in the Uniform Guidance (2 CFR 200). Please direct any questions to the UWL Office of Research & Sponsored Programs.*

**Award Information**

|  |  |
| --- | --- |
| Pass-through Entity (PTE): University of Wisconsin-La Crosse | Subrecipient: Click here to enter text. |
| PTE Principal Investigator (PI): Click here to enter text. | Subrecipient PI: Click here to enter text. |
| PTE Federal Award Number: Click here to enter text. | FAIN: Click here to enter text. | Federal Awarding Agency: Click here to enter text. |
| Federal Award Issue Date: Click here to enter a date. | Total Amount of Federal Award to PTE: Click here to enter text. | CFDA No.: Click here to enter text. |
| Project Title: Click here to enter text. |
| Subaward Period of Performance | Estimated Subaward Amount: Click here to enter text. | PTE Grant/Project ID: Click here to enter text. |
| Start: Click here to enter a date. | End: Click here to enter a date. |
| Is this award R&D? [ ] Yes [ ] No |

**Institution Information**

|  |  |
| --- | --- |
| **PTE Information** | **Subrecipient Information** |
| Tax ID (EIN, ITIN): Click here to enter text. | DUNS: 068191097 | Tax ID (EIN, ITIN): Click here to enter text. | DUNS: Click here to enter text. |
| **Administrative Contact** | **Administrative Contact** |
| Name: Melissa A. Nielsen | Name: Click here to enter text. |
| Title: Director of Research & Sponsored Programs | Title: Click here to enter text. |
| Email: mnielsen@uwlax.edu | Email: Click here to enter text. |
| Phone: (608) 785-8007 | Phone: Click here to enter text. |
| Address: 125 Graff Main Hall, 1725 State St, La Crosse, WI 54601-3742 | Address: Click here to enter text. |
| **Financial Contact** | **Financial Contact** |
| Name: Rachel Hoskins | Name: Click here to enter text. |
| Title: Grant Accountant | Title: Click here to enter text. |
| Email: rhoskins2@uwlax.edu | Email: Click here to enter text. |
| Phone: (608) 785-8552 | Phone: Click here to enter text. |
| Address: 125 Graff Main Hall, 1725 State St, La Crosse, WI 54601-3742 | Address: Click here to enter text. |

**Subrecipient Certifications**

1. Subrecipient is: Choose an item.
2. Subrecipient has been established: Choose an item.
3. Subrecipient organization type: Choose an item.

If “other” is selected, specify the organization type: Click here to enter text.

1. Subrecipient procurement policies and procedures: Choose an item.
2. In regards to the subrecipient’s facilities & administrative (F&A) costs, the subrecipient:

Choose an item.

1. Facilities & administrative (F&A) rates included in this proposal have been calculated based on (check one):

[ ] Subrecipient’s federal F&A rate.

Specify rate and base: Click here to enter text.

[ ] Reduced/restricted F&A rate specified by sponsor.

Specify rate and base: Click here to enter text.

[ ] De minimus F&A rate of 10% of MTDC.

(Note: This rate should be applied only to subrecipients on proposals to federal sponsors when the subrecipient does not have a negotiated federal F&A rate.)

[ ] Not applicable.

Specify reason F&A is not applicable: Click here to enter text.

1. Fringe benefits included in this proposal (check one):

[ ] Are consistent with the subrecipient’s prescribed fringe benefit rates for proposals to extramural sponsors.

[ ] Are based on other rates.

Specify the basis of the rates: Click here to enter text.

[ ] Are not applicable.

1. Are human subjects involved in the sponsored project?

[ ] Yes [ ] No

If “yes” is checked, provide the information below:

IRB approval date (or note “pending”): Click here to enter text.

Human research participants protection training – source of training: Click here to enter text.

Human Subjects Assurance Number (if applicable): Click here to enter text.

1. Are animal subjects involved in the sponsored project?

[ ] Yes [ ] No

If “yes” is checked, provide the information below:

IACUC approval date (or note “pending”): Click here to enter text.

Animal Welfare Assurance Number (if applicable): Click here to enter text.

1. Is the sponsored project subject to biosafety (IBC) regulations?

[ ] Yes [ ] No

If “yes” is checked, provide the information below:

IBC approval date (or note “pending”): Click here to enter text.

1. Financial conflict of interest (FCOI): Check the applicable statement below. (*Required for all awards from NIH, NSF, or other sponsors that have adopted the federal financial disclosure requirements.)*

[ ] Subrecipient institution hereby certifies it has an active and enforced FCOI policy that is consistent with 42 CFR Part 50, Subpart F, “Responsibility of Applicants Promoting Objectivity in Research.”

[ ] Subrecipient does not have an active and/or enforced FCOI policy and agrees to be bound by the FCOI policy of the University of Wisconsin-La Crosse (<https://www.uwlax.edu/grants/financial-conflict-of-interest-fcoi/>).

[ ] Not applicable because project is not funded by NIH, NSF, or other sponsor that has adopted the federal financial disclosure requirements.

1. Does the project include cost sharing from the subrecipient?

[ ] Yes [ ] No

If “yes” is checked, does the cost sharing include in-kind contributions?

[ ] Yes [ ] No

*Note: Cost sharing from the subrecipient, including cash and in-kind contributions, need to be detailed in the subrecipient’s budget and budget justification.*

1. The subrecipient certifies that neither the subrecipient institution nor its principal investigators are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any US federal department or agency.

[ ] Yes [ ] No

*Note: Subawards to any entity or individual included in the federal excluded parties are prohibited.*

1. Does the subrecipient institution or subrecipient PI(s)/co-PI(s) have any delinquent federal debt?

[ ] Yes [ ] No

1. Select the appropriate statement below:

[ ] The subrecipient’s most recent OMB Single Audit can be found at the following link or is attached to this data collection form: Click here to enter text.

[ ] The subrecipient does not have an OMB Single Audit, and the institution’s most recent third-party financial audit can be found at the following link or a copy is attached to this data collection form: Click here to enter text.

[ ] No OMB Single Audit or third-party financial audit is available.

**Subrecipient Authorized Organizational Representative (AOR) Certification**

The appropriate programmatic and administrative personnel involved in this application are aware of applicable sponsor guidelines and policies and are prepared to establish and administer the necessary inter-institutional agreement(s) consistent with those policies. To the best of my knowledge, the information in this form represents a true, complete, and accurate representation of the requested data.

Name: Click here to enter text.

Title: Click here to enter text.

Signature:

Date: Click here to enter a date.

*Please return this form to the*

*University of Wisconsin-La Crosse Office of Research & Sponsored Programs*

***with the approved subaward budget, budget justification, and scope of work****.*