

Each Subrecipient or Subcontractor shall include this form when submitting a proposal to Navajo Technical University. It provides a checklist of documents and certifications required by sponsors. This form shall be signed by the authorized official at the institution.

Subrecipient's Legal Name:
Street Address:
City:
State/Country:
Zip Code + 4:
DUNS Number:
TIN and UEI Number:
Congressional District:

Proposal Title:
Prime Sponsor:
NTU PI:

Subrecipient's PI Name:	Subrecipient's <b>Post Award</b> Admin Name:
Email Address:	Email Address:
Telephone Number:	Telephone Number:

**SECTION A – Proposal Documents**

The following documents are included in our proposal submission and covered by the certifications below (check as applicable)

- TECHNICAL PROPOSAL or STATEMENT OF WORK as appropriate** (required)
- BUDGET OR COST PROPOSAL AND SUPPORTING JUSTIFICATION** (required)
- Biosketches of all Key Personnel, in agency-required format
- Current and Pending Support for all Key Personnel, in agency-required format
- Negotiated Indirect Cost Rate Agreement

**Other:**

## SECTION B – Certifications

**1. Overhead Rates:** (e.g. F&A, G&A, IDC, etc.) included in this proposal have been calculated based on:

- Our federally-negotiated F&A rates for this type of work or a reduced F&A rate that we hereby agree to accept. (If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement in Comments section below.)
- Other rates (please specify the basis on which the rate has been calculated in Comments below)
- Not applicable (no indirect costs)

**Comments**

**2. Fringe Benefit Rates** included in this proposal have been calculated based on:

- Rates consistent with or lower than our federally-negotiated rates  
(If this box is checked, please attach a copy of your FB rate agreement or provide a URL link to the agreement in Comments section below.)
- Other rates (please specify the basis on which the rate has been calculated in Comments below)

**Comments**

**3. Small Business Concern**       **Yes**       **No**

*Subrecipient represents that it is a small business concern as defined in 13 CFR 121.101*

**\*If Applicable:** Subrecipient also represents that it is a business that falls in a disadvantaged category as defined in 13 CFR 124.1002 indicated below:

- Small disadvantaged business certified by the Small Business Administration
- Women-owned small business concern
- Veteran-owned small business concern
- Service-disabled veteran-owned small business concern
- HUBZone small business concern

**4. Cost Sharing**       **Yes**       **No**      **Amount:** \_\_\_\_\_ **Type:** \_\_\_\_\_

*Cost Sharing amounts and justifications should be included in the Subrecipient's proposal.*

5. Human Subjects (at Subrecipient Location)

Yes  No

Determination of Exemption or IRB Approval Date: \_\_\_\_\_ IRB Number: \_\_\_\_\_

Pending

If "Yes": Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to NTU's PI and NTU's Office of Sponsored Projects as soon as they become available.

If "Yes": Have all key personnel involved completed Human Subjects Training?  Yes  No

Does your institution have a Federal wide Assurance (FWA) Number:  Yes  No

If "Yes", provide Number: \_\_\_\_\_

6. Animal Subjects (at Subrecipient Location)

Yes  No

IACUC Approval Date: \_\_\_\_\_ IACUC Approval Number: \_\_\_\_\_  Pending

If "Yes": A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to NTU's PI and NTU's Office of Sponsored Projects as soon as it becomes available.

7. Conflict of Interest (applicable to NIH, NSF, or other sponsors that have adopted the federal financial disclosure requirements)

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

Subrecipient/Institution certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through an agreement resulting from this proposal, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with the Subrecipient's conflict of interest policy prior to the expenditures of any funds under any resulting agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by NTU's current policy.

I will follow the Conflict of Interest policy established and enforced by NTU. Name(s) of individuals working on this project who are responsible for the design, conduct, or reporting of the research, other than the PI, are listed below (please attach additional pages if needed):


## 8. Debarment and Suspension

Are any of the Subrecipient's principals, PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs, contracts or activities?  Yes  No

(If "Yes", explain in Comments below)

### Comments

- Are**     **Are not**    Presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.
  
- Are**     **Are not**    Presently indicted for, or otherwise criminally or civilly charged by a government entity.
  
- Have**     **Have not**    Within three (3) years preceding this offer, been convicted of or had a civil judgement rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract: violation of Federal or State antitrust statutes relating to the submission of offers: or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.
  
- Have**     **Have not**    Within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.
  
- Have**     **Have not**    Within three (3) preceding this offer, been notified of any delinquent Federal taxes in an amount that exceeds \$3,000 which liability remains unsatisfied.

## 9. Fiscal Responsibility

The Subrecipient certifies that its financial system is 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 and grants;
  
- complies with applicable laws and regulations;
  
- can prepare appropriate financial statements, including the schedule of expenditure of federal awards;
  
- there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps being taken to correct the finding.

**10. Drug Free Workplace**

The Subrecipient certifies compliance with The Drug Free Workplace Act of 1988 (41 USC 702)  Yes  No

**11. Certification Regarding Lobbying**

In the event funds allotted under this proposal are expected to exceed \$100,000, the Subrecipient certifies that it is in compliance with the requirements of Section 1352, Title 31, U.S. Code, that limits the use of appropriated funds to influence certain Federal contracting and financial transactions.  Yes  No

**12. System for Award Management (SAM.GOV)**

Has the Subrecipient completed annual certifications on the System for Award Management?  Yes  No  
If "Yes", provide the date of last certification: \_\_\_\_\_

**13. FAPIIS/Responsibility Matters**

The Subrecipient certifies that, if subject to reporting under the Federal Awardee Performance and Integrity System (FAPIIS), that such reported information is current, accurate and complete and shall be maintained as such during the term of any agreement resulting from Subrecipient's offer.  N/A  Yes  No

**SECTION C – Audit Status**

**14. Audit Status**

Subrecipient is subject to the Single Audit Act of Chapter 75 of Title 31, United States Code, and Subrecipient receives an annual audit in accordance with 2 CFR §200.501 (formerly A-133)?  Yes  No

*\*Audit Requirements can be found here:* <https://www.ecfr.gov/cgi-bin/text-idx?SID=6121f7e0e782126b2194f2bee7ba836d&mc=true&node=sp2.1.200.f&rgn=div6>

If "Yes": Subrecipient receives an annual audit in accordance with 2 CFR §200.501 (formerly A-133):

Most recent fiscal year completed FY\_

Were any audit findings reported? (If "Yes", explain in comments, below.)  Yes  No

**Comments**

**Attach a complete copy of your most recent 2 CFR §200.501 (formerly A-133) or provide the URL link to a complete copy.**

If "No": If Subrecipient DOES NOT receive an annual audit in accordance with 2 CFR §200.501 (formerly A-133), **Subrecipient must complete and return the [No Audit Questionnaire](#).**

Subrecipient is a:

- Non-profit entity (under federal funding threshold)
- Foreign Entity
- For-profit entity
- Government entity

Please provide the name, address, and phone number you Cognizant Audit Agency and ACO (if applicable). If your Subrecipient is not audited by the federal government, please provide the information for your outside audit agency and the date of your last audit.

CAA Name Address:	ACO Name Address:
Address:	Address:
Telephone Number:	Telephone Number:
Date of Last Audit:	Date of Last Audit:

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regards to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

Signature of Subrecipient's Authorized Official:	Legal Name of Subrecipient Institution:
Name and Title of Authorized Official:	Address:
Email:	City, State, Zip:
Phone:	
Date:	

Is Sub owned or controlled by a parent entity?       Yes       No

*If "Yes", please provide the following:*

Parent Entity Legal Name:
Parent Entity Address, City, State, Zip:
Parent Entity Congressional District:
Parent Entity DUNS:
Parent Entity EIN: