

SUBRECIPIENT INFORMATION QUESTIONNAIRE

SECTION A: Iowa State University (ISU) Award Information

Name of ISU PI: Christine Hradek ISU Department: Human Sciences Extension and Outreach
 Prime Sponsor: Iowa Dept of Human Services (USDA-FNS) Prime Sponsor Award ID: ACFS 12-261
 Project Title: Iowa SNAP-Ed Nutrition Education and Obesity Prevention Program for FY 2016
 ISU Period of Performance: From: 10 / 1 / 15 To: 9 / 30 / 16 Total Amount of Award to ISU: \$685,590

SECTION B: Subrecipient Information

Subrecipient Legal Name: _____ Year Established: _____
 Address: _____ City, State, Zip (+4): _____
 Subrecipient PI Name: _____ E-mail address: _____
 Administrative Contact Name: _____ E-mail address: _____
 Subrecipient Period of Performance: From: / / To: / / Subrecipient Total Funding: _____
 Subrecipient Place of Performance: _____ Subrecipient DUNS: _____

SECTION C: Subrecipient Eligibility

Any organization planning to enter into a collaborative subrecipient relationship with ISU must complete this form before a subrecipient agreement is issued. Please answer the following questions in order to determine if a formal subrecipient partnership can be established between your organization and ISU.

- Yes No Is your organization or PI presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal or non-federal department or agency?
- Yes No Is your organization presently indicted for, or otherwise criminally or civilly charged by, a government entity? (If "Yes," please attach an explanation.)
- Yes No Has your organization within a three-year period preceding this offer, had one or more public transactions (Federal, State, or local) terminated for cause or default? (If "Yes," please attach an explanation.)
- 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"?

SECTION D: Subrecipient Requirements and Responsibilities

ISU views a subrecipient organization as a true partner in carrying out the goals of a sponsored project. The requirements and responsibilities of an ISU subrecipient are different from that of a contractor or vendor. The following chart outlines the differences:

Subrecipient	Contractor/Vendor
1. Collaborates on a substantive portion of the research project. 2. Subrecipient is subject to all prime sponsor requirements, including ownership of intellectual property, publication rights, and has the responsibility to adhere to all other sponsor restrictions or requirements in the prime agreement. 3. Subrecipient's PI will take a significant role in the programmatic decision making and assist the ISU PI in achieving the project's goals and objectives.	1. Provides goods or services that are owned by ISU upon completion of the project. 2. Terms defined by agreement; never cost-reimbursable. Payment based on delivery of service rather than reimbursement of allowable costs. 3. Contractor/vendor provides ancillary services or goods related to sponsored project based on the instructions of the ISU PI.

- Yes No Is your organization properly categorized as a subrecipient, as described above, and agrees to the project roles listed above?

If "No," please contact the ISU PI about procuring your organization's products and/or services as a contractor/vendor.

ISU – OSPA Use Only	
Date of Receipt:	_____
Award Administrator:	_____
Subaward #:	_____
GS #:	_____

SECTION E: Audit Status/Fiscal Responsibility**1. Audit Status**

- Yes** **No** Does your organization receive an annual audit in accordance with 2 CFR 200 Subpart F – Audit Requirements (Single Audit)?

If “No”: please indicate why your organization is not subject to Single Audit requirements:

- My organization is a non-profit that expended less than \$500,000 in U.S. federal funds during our previous fiscal year.
- My organization is a foreign entity.
- My organization is a for-profit entity.
- My organization is a U.S. government entity.

Please note: Your organization will be required to confirm that it still is not subject to Single Audit requirements and fill out a mini-audit questionnaire prior to the establishment of a subrecipient agreement.

When applying for funds from agencies under the U.S. Department of Health and Human Services foreign organizations and for-profits that have expended a total of \$500,000 or more under one or more awards from the U.S. Department of Health and Human Services (as a direct grantee and/or under a consortium participant) will be required to have a financial-related audit of all HHS awards as defined in, and in accordance with, the Government Auditing Standards or an audit that meets the requirements of 2 CFR 200 Subpart F – Audit Requirements (Single Audit).

If “Yes”: please respond to the following:

- Yes** **No** Has your organization’s Single Audit been completed for the most recent fiscal year?
- Yes** **No** Were there any findings or exceptions noted? If “Yes,” please attach an explanation.

Please note: Your most recent Single Audit report will be requested prior to the establishment of a subrecipient agreement.

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

- 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 below.)
URL: _____
- Other rates (please attach a description of the basis on which the rate has been calculated)
- Not applicable – subrecipient is not requesting payment of F&A costs.

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

- Rates consistent with or lower than our federally negotiated rates
(If this box is checked, please attach a copy of your organization’s composite employee rate projections or your federally negotiated rate agreement. Alternatively provide a URL link to this information.)
URL: _____
- Other rates (please attach a description of the basis on which the rates have been calculated.)

4. For-Profit Organizations (only):

- Yes** **No** Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

If “Yes”: Subrecipient represents that it is a (check as applicable):

- Small/Small disadvantaged business as 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
- Other: _____

5. Financial Management and Other

- Yes** **No** Does your institution have an established financial management and accounting system that meets the requirements of 2 CFR 200.302 or FAR Part 30 and 31?
- Yes** **No** Does the Subrecipient have an established procurement system that complies with the requirements and standards of 2 CFR 200.317-326 or FAR 44.202-2(a)?
- Yes** **No** Are there any factors or pending conditions, based on current known facts and circumstances, that might materially impact the subrecipient’s ability to meet its obligations as they become due or to continue its operations as a going concern for the foreseeable future?

SECTION F: Compliance

1. Research Subject Compliance Information

- Yes** **No** Human Subjects will be involved in the subrecipient's portion of the project.
Subrecipient certifies that if human subjects are involved in this project, subrecipient shall conduct the activities in accordance with the DHHS regulations codified at 45 CFR 46 - Protection of Human Subjects and obtain IRB approval of the planned involvement of human subjects in the project. Upon ISU's request, subrecipient shall provide certification of the review and date of approval by the subrecipient's IRB. As required, subrecipient shall ensure that all personnel participating in the Project complete the National Institutes of Health education requirement on the protection of human subjects, addressed in NIH Notice OD-00-039.
- Yes** **No** Animal Subjects will be involved in subrecipient's portion of the project.
Subrecipient certifies that if animal subjects are involved in this project, subrecipient shall conduct the activities in accordance with the NIH "Principles for Use of Animals", the Animal Welfare Act (7 U.S.C. 2131 et. seq.) and all other applicable Federal laws, and policies. Practices for the procurement/housing /care of laboratory animals shall conform to the NIH Guide for the Care and Use of Laboratory Animals in Research and all USDA requirements. Upon ISU's request, subrecipient shall provide certification of the review and date of approval by the subrecipient's IACUC committee.
- Yes** **No** Recombinant DNA, Human, Plant, or Animal Pathogens or Biological Toxins will be involved in subrecipient's portion of the project.
Subrecipient certifies that if Recombinant or Synthetic Nucleic Acid Molecules are involved in this project, subrecipient shall conduct the activities in accordance with the NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules.

2. Lobbying (for U.S. federal projects only):

- Yes** **No** My organization certifies that no payments have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this proposed project. (If "No," attach explanation.)

3. Conflict of Interest:

- Subrecipient Organization certifies that it **has** an active and enforced Conflict of Interest Policy that is consistent with all applicable federal, state and sponsor requirements (e.g. Subrecipients receiving NIH funding must have a policy consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research.")
- Subrecipient **does not have** an active and/or enforced Conflict of Interest Policy and agrees to abide by ISU's policy, located at <http://www.policy.iastate.edu/policy/conflict/>. Subrecipient's Senior/Key Personnel must: 1) have an active (within the last 12 months) [FHS COI Disclosure Form](#) on file with ISU's [Office of Research Integrity](#); and 2) Affiliate with Iowa State University on the [CNI website](#) and complete the Conflict of Interest Mini-Course prior to execution of the subaward.

SECTION G: Authorized Representative Approval

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 project are aware of agency policy in regard 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. No work involving human subjects and or animals may begin until the subrecipient has obtained registered IRB and/or IACUC review and approval.**

Signature of Subrecipient's Authorized Official

Date

Printed/Typed Name and Title of Authorized Official:

E-mail: _____

Phone: _____