

A. PASS-THROUGH ENTITY (PTE): Montclair State University

Montclair PI Name:	
Title of Proposal:	
Proposed Period of Performance: From:	To:
Subaward Period of Performance if Different: From:	To:
Prime Sponsor:	

B. SUBRECIPIENT INFORMATION

Subrecipient's Legal Name:			
Subrecipient PI Name, Email, Telephone:			
Legal Address:			
City:	State:	Zip Code +4:	Congressional District (e.g. NJ008):
Place of Performance (address where research/activity will be performed if different than legal address):			
City:	State:	Zip Code +4:	Congressional District (e.g. NJ008):
Type of Institution			
U.S. Public/State Inst. of Higher Ed.	U.S. Private Inst. of Higher Ed.		U.S. Non-Profit
Non-U.S. Entity	Other: _____		
Federal EIN Number:		Unique Entity ID (UEI) Number:	
Administrative Official Name, Email, Telephone:			
Financial Official Name, Email, Telephone:			
Authorized Official Name, Email, Telephone:			

C. PROPOSAL DOCUMENTS, BUDGET, COMPLIANCE REQUIREMENTS

Documents below are included in our subaward proposal submission and covered by the certification below (check all that apply):

- STATEMENT OF WORK** (Required – Must describe subrecipient's specific role within Montclair project.)
- BUDGET AND BUDGET JUSTIFICATION** (Required)
- BIOSKETCHES OF KEY PERSONNEL** in agency required format (if required by agency)

CURRENT AND PENDING SUPPORT in agency required format (if required by agency)
OTHER SUPPORTING DOCUMENTS: _____

Total Amount Requested: \$ _____

Cost-Sharing: Is the subrecipient providing cost-sharing on this project?
 Yes Amount: \$ _____ No

Facilities and Administrative Rates included in this proposal have been calculated based on:
 Subrecipient’s federally negotiated F&A rate. Provide an F&A agreement or provide an F&A URL link.
 URL Link: _____
 Federal de minimus rate of 10% MTDC
 Sponsor’s required rate as specified in prime sponsor guidelines
 Other Rates. Specify the basis on which the rate has been calculated in the Comments/Notes section below.
 Not Applicable. No indirect cost request for this subrecipient.

Fringe Benefit Rates included in this proposal:
 Are based on rates consistent with or lower than our federally negotiated rate agreement
 Are based on other rates. Specify the basis on which the rate has been calculated in the Comments/Notes section below.

Human Subjects: Yes No	Protocol Approval Date: 	Review Pending: Yes No Not required at time of submission	FWA Number:
Animal Subjects: Yes No	Protocol Approval Date: 	Review Pending: Yes No Not required at time of submission	FWA Number:

D. CERTIFICATIONS

Federal policy requires subrecipients of federal funds to be registered in (System for Award Management) [SAM.GOV](https://www.sam.gov)
Is the subrecipient currently registered in SAM.GOV? Yes No
 If NO, organizations will need to register in [SAM.GOV](https://www.sam.gov).

Financial Conflict of Interest (applicable to PHS funded sponsors, or those sponsors that have similarly adopted federal financial disclosure requirements.) Subrecipient shall report any financial conflict of interest to Montclair State University.

Subrecipient organization/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 the Institution’s knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and, (2) all identified financial conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient’s conflict of interest policy prior to the expenditures of any funds under any resultant agreement.

Subrecipient does not have an active conflict of interest policy but will have in place a conflict of interest policy consistent with 42 CRR Part 50, Subpart F, and/or 45 CRF Part 94, at the time of award.

Subrecipient does not have an active and/or enforced financial conflict of interest policy and agrees to abide by Montclair State University’s located online at: <https://www.montclair.edu/sponsored-programs/compliance/financial-conflict-of-interest-policy/>

Not applicable. This project is not funded by an agency of the Public Health Service (PHS) — e.g., NIH, CDC, AHEQ, or any other federal sponsor that has adopted federal financial disclosure requirements (NSF, etc.)

Certification Regarding Debarment and Suspension

Is the institution, 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 or activities?

Yes. Please explain in the Comments/Notes section below. No

Responsible Conduct of Research (RCR) (for NSF-funded projects only):

My organization certifies that it has an Institutional Plan to meet NSF’s Educational Requirements for the Responsible Conduct of Research, as required under the “American COMPETES Act” PUBLIC LAW 110-69-August 9, 2007.

Yes No

My organization certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF’s RCR requirements.

Yes No

E. AUDIT STATUS

Subrecipient receives an annual audit in accordance with 2 CFR Part 200 Subpart F.

Most recent fiscal year completed: FY

Provide a URL for the most recent audit: _____

Were any audit findings reported?

Yes. Attach description of findings and steps institution took to rectify the issues.

No

Subrecipient DOES NOT receive an annual audit in accordance with 2 CFR Part 200 Subpart F.

Does the subrecipient have another form of Individual Audit to verify status?

Yes. Please provide a URL for the most recent audit: _____

No

F. APPROVED for SUBRECIPIENT

Please complete this form, attach all required proposal documents and certifications and submit to the Office of Sponsored Programs. These documents must be received by Montclair State University prior to proposal submission to the sponsor.

APPROVED FOR SUBRECIPIENT:

The information, certifications and representations above have been read, signed and made by an authorized official of the subrecipient named here in. The appropriate programmatic and administrative personnel involved in the application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. **Subrecipient understands that 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

Name and Title of Authorized Official

Date

COMMENTS/NOTES: