

Subrecipient must complete this form when submitting a proposal to the University of Colorado Colorado Springs (UCCS). The form provides a checklist of documents, representations and certifications as required by prime sponsors and must be signed by the Subrecipient's Authorized Official, as designated below on page 4.

|                                |      |
|--------------------------------|------|
| Subrecipient's Legal Name:     |      |
| Street Address:                |      |
| City, State, Zip +4 / Country: |      |
| UEI Number:                    | TIN: |

Congressional District:

|                              |
|------------------------------|
| Proposal Title:              |
| Prime Sponsor:               |
| UCCS Principal Investigator: |

**Subrecipient's Principal Investigator:** **Subrecipient's Post Award Administrator:**

|        |        |
|--------|--------|
| Name:  | Name:  |
| Email: | Email: |
| Phone: | Phone: |

**SECTION A. Proposal Documents**

As applicable, please check the following Subrecipient documents that are included in UCCS' proposal submission and covered by the certifications below.

**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**

**Other:**

**SECTION B. Representations and Certifications**

**1. Overhead Rates.** Subrecipient certifies that the overhead rates (e.g., Facilities & Administration, Indirect Costs, G&A, etc.) included in this proposal have been calculated based upon:

- Subrecipient's federally-negotiated indirect cost rate agreement (NICRA) for this type of work **or** a reduced F&A rate that Subrecipient hereby agrees to accept.
  - >> **If selected, Subrecipient has attached a copy of Subrecipient's NICRA or has provided a URL link to the NICRA in Comments section below.**
- Other rates. **Please specify the basis on which the rate has been calculated in Comments below.**
- Not applicable as Subrecipient includes no indirect costs.

Comments:

**2. Fringe Benefit Rates.** Subrecipient certifies that the fringe benefit rates included in this proposal have been calculated based upon:

- Subrecipient's rates are consistent with or lower than Subrecipient's federally-negotiated rates.
  - >> **If selected, Subrecipient has attached a copy of Subrecipient's fringe benefit rate agreement or has provided 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. Cost Sharing.**

Subrecipient represents that cost sharing is included in Subrecipient's proposal documentation. Yes No

- If applicable, Subrecipient certifies that cost sharing amounts and justifications are included in the Subrecipient's proposal documents.

- Amount:
- Type:

**4. Human Subjects.**

Subrecipient represents that Human Subjects research is part of Subrecipient's Scope of Work at Subrecipient location.

Yes No

- Subrecipient's Federalwide Assurance (FWA) Number:

**5. Animal Subjects.**

Subrecipient represents that Animal Subjects research is part of Subrecipient's Scope of Work at Subrecipient location.

Yes No

- Animal Welfare Assurance Number:

**6. Conflict of Interest.**

*Check one of the following:*

Subrecipient's financial conflict of interest policy applies:

Subrecipient has an up to date, written, and enforced policy and processes to identify and review investigator disclosures of significant financial interests, determine if such disclosures constitute financial conflicts of interest, and manage or remove any financial conflicts of interest, and Subrecipient's conflict of interest policy will apply to Subrecipient's investigator(s) working on this project.

UCCS' Conflicts of Interest and Commitment Policy and Standards applies:

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees UCCS' Conflicts of Interest and Commitment Policy and Standards ([https://vcaf.uccs.edu/sites/g/files/kjihxj1631/files/inline-files/2019\\_JUN\\_06\\_300-006\\_Disclosure\\_and\\_Management\\_of\\_Conflicts\\_of\\_Interest\\_or\\_Commitment\\_%28APPROVED%29.pdf](https://vcaf.uccs.edu/sites/g/files/kjihxj1631/files/inline-files/2019_JUN_06_300-006_Disclosure_and_Management_of_Conflicts_of_Interest_or_Commitment_%28APPROVED%29.pdf)) will apply to the Subrecipient's investigator(s) working on this project.

**7. Fiscal Responsibility.**

The Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles, and the following:

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.

## **8. Debarment and Suspension.**

Subrecipient certifies as follows that Subrecipient's Principal Investigator, Key Personnel, or any other employee or student participating in this project:

|             |                 |  |
|-------------|-----------------|--|
| <b>Are</b>  | <b>Are Not</b>  | Presently debarred, suspended, proposed for debarment, excluded from, or otherwise declared ineligible for participation in federal assistance programs, contracts, or activities.   |
| <b>Are</b>  | <b>Are Not</b>  | Presently indicted for, or otherwise criminally or civilly charged by a government entity.   |
| <b>Have</b> | <b>Have Not</b> | Within three (3) years preceding this offer, been convicted of or had a civil judgment 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. |
| <b>Have</b> | <b>Have Not</b> | Within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency. Within three (3) preceding this offer, been notified of any delinquent Federal taxes in an  |
| <b>Have</b> | <b>Have Not</b> | amount that exceeds \$3,000 which liability remains unsatisfied.   |

**> If Subrecipient has indicated an "Are" or "Have" response to any of the above, Subrecipient must explain:**

## **9. General Training and Compliance Requirements**

Subrecipient certifies that all personnel participating in this project will comply with any applicable training requirements mandated by the Prime Awarding Agency or UCCS. This may include, but is not limited to, training in Responsible Conduct of Research (RCR), research security, human subjects protections, animal care and use, export control, and financial conflict of interest. Subrecipient agrees to provide documentation of completion upon request and to ensure that training is completed prior to engaging in project activities, as required by federal regulations or sponsor policy.

## **10. Fiscal Responsibility**

The Subrecipient certifies that it maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts and grants:

### **11. System for Award Management.**

Subrecipient completed annual certifications in the System for Award Management (SAM.gov).

**Yes**      **No**

Date of last certification:

### **12. FAPIIS/Responsibility Matters.**

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***

Check and complete *one* of the following:

- Subrecipient is subject to the Single Audit Act (31 U.S. Code CHAPTER 75) and Subrecipient receives an annual Single Audit (formerly known as A-133 Audit) in accordance with 2 CFR §200.501.
  - Most recent fiscal year completed:
  - Audit findings reported
    - > >> If checked, Subrecipient must explain in Comments below.
- Subrecipient must attach a complete copy or provide a link to the complete copy in Comments below.

**SECTION C. Audit Status (continued)**

- Subrecipient does not receive an annual audit in accordance with 2 CFR §200.501.
  - Subrecipient must provide one of the following:**
    - A copy of Subrecipient's most recent audit;**  
**OR**
    - A complete and signed No Audit Questionnaire:** [https://osp.uccs.edu/sites/default/files/2026-01/No\\_Audit\\_Questionnaire\\_1.5.2025.pdf](https://osp.uccs.edu/sites/default/files/2026-01/No_Audit_Questionnaire_1.5.2025.pdf)
  - Subrecipient is a:
    - Non-profit entity (under federal funding threshold)
    - Foreign entity
    - For-profit entity
    - Government entity

**Comments:**

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

|                     |                     |
|---------------------|---------------------|
| CAA Name:           | ACO Name:           |
| Address:            | Address:            |
| Phone:              | Phone:              |
| 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:

|        |
|--------|
| Email: |
| Phone: |
| Date:  |

Name and Title of Subrecipient's Authorized Official:

**Is Subrecipient 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 UEI:                       |
| Parent Entity EIN:                       |