

SUBAWARD PROPOSAL COVER SHEET

Please submit a subaward proposal work statement, budget with justification, and a two page Biographical Sketch of the Principal Investigator along with the attached Subaward Certification form and this completed cover sheet to:

**The University of New Hampshire
Office of Sponsored Research
Service Building, 51 College Road
Durham, NH 03824-3585**

UNH Principal Investigator: _____

Project Title: _____

Subaward Organization: _____

Organization's Employee ID #: _____

Subaward Principal Investigator: _____

Subaward Negotiator: _____

Address: _____

Telephone: _____

Fax: _____

Budget Period From _____ **To** _____ **Amount \$** _____

Project Period From _____ **To** _____ **Amount \$** _____

The subaward organization fully anticipates collaborating with the University of New Hampshire (UNH) if an award is made based on UNH's proposal to _____ (prime sponsor) and is prepared to enter into a inter-institutional agreement. If prime award to UNH is less than originally proposed or the period of performance is changed, subawardee, if requested, will submit in writing a revised proposal to perform the mutually agreed upon services.

By signing and submitting this Proposal Cover Sheet and attached Subaward Certification form, the prospective subawardee is documenting compliance with all certifications set forth.

AUTHORIZED ORGANIZATIONAL REPRESENTATIVE:

Signature Telephone Number Date

Name and Title

UNIVERSITY OF NEW HAMPSHIRE
SUBAWARD CERTIFICATION

HUMAN SUBJECTS

If activities involving human subjects are not planned at any time during the proposed project period, check the box below marked "No". If activities involving human subjects, whether or not exempt from the regulations, are planned at any time during the proposed project period, check the box below marked "Yes".

_____ No _____ Yes, Exemption No. IRB Approval Date Assurance of Compliance. No.
if yes _____ or _____ and _____

VERTEBRATE ANIMALS

If activities involving vertebrate animals are not planned at anytime during the proposed project period, check the box below marked "No". If activities involving vertebrate animals are planned at anytime during the proposed project, check the box below marked "Yes".

_____ No _____ Yes, if yes IACUC Approval Date and Animal Welfare Assurance No.

BIOHAZARDOUS MATERIALS

If activities involving biohazardous materials are not planned at anytime during the proposed project period, check the box below marked "No". If activities involving biohazardous materials are planned at anytime during the proposed project, check the box below marked "Yes". Biohazards are defined as biological agents and materials which are potentially hazardous to humans, animals and other forms of life. They include hazardous chemicals, known pathogens and infectious agents including bacteria and their plasmids and phages, viruses, fungi, mycoplasmas, and parasites; cell lines, animal remains, and laboratory animals including insects which might harbor such infectious agents; and primate body fluids. Biohazardous materials may include potentially biohazardous organisms used in procedures such as recombinant DNA and genetic manipulations.

_____ No _____ Yes, if yes Institutional Approval Date and Number Expiration Date of Approval
_____ and _____

RECOMBINANT DNA

If activities involving recombinant DNA are not planned at any time during the proposed project period, check the box below marked "No". If activities involving recombinant DNA, whether or not exempt from the regulations, are planned at any time during the proposed project period, check the box below marked "Yes".

_____ No _____ Yes, if yes Institutional Approval Date and Number Expiration Date of Approval
_____ and _____

RADIATION PROTECTION

If activities involving radioactive materials are not planned at anytime during the proposed project period, check the box below marked "No". If activities involving radioactive materials are planned at anytime during the proposed project, check the box below marked "Yes".

_____ No _____ Yes, if yes Institutional License # Radiation Safety Approval Date Expiration Date of Approval

A-133/128 AUDIT OR ACCEPTANCE LETTER FROM COGNIZANT FEDERAL AGENCY

This statement certifies the Subawardee's most recent (must be within two years) A-133 Audit or other appropriate independent audit has been accepted by its cognizant Federal Agency as meeting governmental reporting standards. Check one of the boxes below. If yes, please attach a copy if available.

_____ No _____ Yes, if yes _____ Period of Audit _____ or _____ Web page for copy of Audit

CURRENT APPROVED INDIRECT COST AND FRINGE BENEFITS RATE AGREEMENT

_____ No _____ Yes if yes attach copy _____ Agreement Dated _____ and _____ Web page for copy of Agreement

NON-PROCUREMENT DEBARMENT AND SUSPENSION CERTIFICATION

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS GRANTEES OTHER THAN INDIVIDUALS

By signing and/or submitting this application or agreement, the Subawardee certifies that it is in compliance with the regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulation, published in the January 31, 1989 Federal Register, require certification by subawardees that they will maintain a drug-free workplace.

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS (LOBBYING)

The undersigned certifies, to the best of his or her knowledge and belief, that

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, 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 awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an office or employee of any agency, a Member of Congress, an office or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

AUTHORIZED ORGANIZATIONAL REPRESENTATIVE:

Signature: _____ Date: _____

Typed Name and Title: _____

Subcontractor's Name: _____

Subcontractor's Address: _____

Subcontractor's Address: _____

Subcontractor's Telephone and Fax Number: _____

Rev: 7-05

UNIVERSITY OF NEW HAMPSHIRE
A-133 Subrecipient Certification Form

Ref: Subcontract Number: _____

As a recipient of Federal awards with expenditures in excess of \$300,000, the University of New Hampshire (UNH) is subject to the Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. As such, Circular A-133 requires UNH to monitor our subrecipients of Federal awards in order to determine if they are in compliance with federal requirements. Accordingly, UNH needs this certification from you, which indicates your compliance status with the federal requirements for your most current audited fiscal year. Please (1) check the appropriate boxes, (2) provide any required additional documents, (3) sign, and (4) return this certification to the below listed person/address.

A. State or Local Government Agencies or Non-Profit Organizations subject to OMB Circular A-133

1. () **Subcontractor** did not expend \$300,000 or more in Federal awards during its _____ fiscal year and therefore is not subject to the requirements of OMB Circular A-133 for its _____ fiscal year.
2. () **Subcontractor** certifies that it is in compliance with A133, as applicable, and with Federal, State, or Local laws and regulations, and the laws and regulations that are particular to the award. **Subcontractor** further certifies that no audit findings and/or questioned costs were discovered in federally sponsored awards during its _____ fiscal year.
3. () **Subcontractor's** _____ fiscal year audit (A133) revealed findings and/or questioned costs in federally sponsored awards that may affect this award made by **UNH**. **Subcontractor** will submit its A133 audit report that details the findings to **UNH** within thirty (30) days of its receipt by the **Subcontractor**. Furthermore, **Subcontractor** agrees to notify **UNH** of the corrective action taken within six (6) months of furnishing the audit report to **UNH**. In accordance with A133, **UNH** will issue a management decision to the **Subcontractor** within six (6) months, after receiving the audit report.

B. Subrecipients not subject to OMB Circular A-133

4. () **Subcontractor** certifies that it is **not** subject to either OMB Circular A133, and that it is in compliance with applicable Federal, State, or Local laws and regulations, and the laws and regulations that are particular to federally sponsored research awards. The **Subcontractor** further certifies that no audit findings and/or questioned costs were discovered in federally sponsored awards during its _____ fiscal year audit.
5. () **Subcontractor's** _____ fiscal year audit revealed findings and/or questioned costs in federally sponsored awards. **Subcontractor** will submit its financial audit report that details the findings to **UNH** within thirty (30) days of its receipt by the **Subcontractor**. Furthermore, **Subcontractor** agrees to notify **UNH** of the corrective action taken within six (6) months of furnishing the audit report to **UNH**. In accordance with A133, **UNH** will issue a management decision to the **Subcontractor** within six (6) months, after receiving the audit report.

Signature: _____ Date: _____

Typed Name and Title: _____

Subcontractor's Name: _____

Subcontractor's Address: _____

Subcontractor's Address: _____

Please return to: Office of Sponsored Research
Service Building, 51 College Road
University of New Hampshire
Durham, NH 03824-3585