GEORGE MASON UNIVERSITY

Subrecipient Notice of Intent
Prime is NOT a Federal Contract)

For Mason Use Only
GMU Proposal #: _____

_____

Office of Sponsored Programs

Subrecipient Organization:		Parent Organization:	Year Established:
Type of Entity:		UEI Number:	Congressional District:
Subrecipient PI Name:		Address:	
City:	State:	Country:	Zip Code + 4:
Phone Number:		Email:	Prime Sponsor Name:
Subrecipient Administrative Contact:		Address:	
City:	State:	Country:	Zip Code + 4:
Subrecipient Administrative Contact Phone:		Subrecipient Administrative Contact Email:	
Proposal Title:			
Performance Period Start Date:		Performance Period End Date:	
Mason PI Name:		Location of Work to be Performed:	

Section A: Proposal Documents

The Following documents are included in our proposal submission and covered by the certifications/assurances below (check as applicable):

☐	STATEMENT OF WORK (required)
☐	BUDGET AND BUDGET JUSTIFICATION including any cost-sharing (required)
☐	Small/Small Disadvantaged Business Subcontracting Plan, in agency required format
☐	Biosketches and/or Current and Pending reports of all Key Personnel, in agency required format
☐	Completed W-9 or W-8-BEN-E if foreign entity
☐	Other:

SECTION B: Institutional Indirect Costs (F&A) Rate.

☐	Federal Negotiated Indirect Rate	% Please attach copy of your NICRA
☐	De minimis Rate up to maximum 10%	%
☐	Reduced Rate by Sponsor	%
☐	Subrecipient does not propose Indirect costs (F&A)	

Section C: Certifications and Assurances		
Yes ☐ No ☐	1. Human Subjects	IRB Approval data will be required at just-in-time
Yes ☐ No ☐	2. Animal Subjects	IACUC Approval data will be required at just-in-time

Section D –Certifications and Assurances Continued	
1. Conflict of Interest (applicable to NIH, NSF, or other sponsors that have adopted federal financial disclosure requirements.)	
☐	Subrecipient Organization/Institution certifies that it has an active and enforced conflict of interest policy consistent with 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research."
☐	Subrecipient also certifies, to the best of Institution's knowledge, that (1) all financial disclosures have been made relating to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; (2) all identified conflicts of interest have, or will have been, satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to expending any funds under any resulting agreement; and (3) all identified conflicts and required management plans will be reported to Mason's Office of Sponsored Programs to enable compliance with federal reporting requirements.
☐	Subrecipient does not have an active and/or enforced conflict of interest policy and is opting to create and implement its own policy prior to the execution of a Subagreement hereunder. A sample model policy and report form is located online at http://sites.nationalacademies.org/PGA/fdp/PGA_061001. Signature by the Authorized Official below indicates policy will be in place and reporting will occur as required under federal law.
☐	Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by George Mason University's policy, Conflict of Interests in Federally- Funded Research, located online at https://universitypolicy.gmu.edu/policies/financial-conflicts-of-interest-in-university-contracts-with-businesses-under-virginia-law/
☐	Complete Attachment 1 if following Mason's policy.
2. Financial Conflict of Interest (applicable to NIH, NSF, or other sponsors that have adopted 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 certifies that is has a compliant financial conflict of interest policy pursuant to the sponsoring Agency's regulations.
3. Is your organization subject to the OMB Uniform Guidance, 2 CFR Part 200? Yes ☐ No ☐	
☐	**If yes**, please provide a website link or copy of your most recent single audit.
☐	**If no,** please provide written certification from a corporate officer or owner stating your most recent audit by an independent auditor identified no financial irregularities.
☐	Do you have a federally approved procurement system? ☐ Yes ☐ No **If yes**, list approval date:
4. Do you adhere to the Federal Cost Accounting Standards of FAR Part 30? Yes ☐ No ☐	

5. Type of Organization: Public State University
If required, please specify:

6. Does your organization have a financial management system that provides for the control and accountability of project funds, property, and other assets? Yes ☐ No ☐

7. Does your organization receive awards directly from a Federal Agency? Yes ☐ No ☐

8. Check if you have formal, written policies that address the following:

Pay Rates and Benefits	☐	Time and Attendance	☐
Travel	☐	Leave	☐
Purchasing Procedures	☐	Discrimination	☐

Purchase, inventory, cost, vendor, description, serial number, location and disposition of Government property ☐

9. Is your entity or any of its officers or owners, currently or previously ever been, suspended or debarred by a federal or state agency? Yes ☐ No ☐

If yes, please provide details in a separate attachment.

10. Does your entity have a Federal debt? Yes ☐ No ☐

If yes, please provide details in a separate attachment.

11. Are you registered in SAM? Yes ☐ No ☐ If Yes, expiration date?

12. Do you currently maintain commercial general liability insurance, professional liability insurance and worker's compensation insurance or are you covered under a self-insurance plan which adequately covers the work to be performed in any resulting subaward?

Yes ☐ No ☐

13. In the preceding fiscal year, did you or your parent entity receive more than 80% of its annual gross revenue from federal funds?

Yes ☐ No ☐

14. In the preceding fiscal year, did you or your parent entity receive more than $25 million in federal funding?

Yes ☐ No ☐

15. The names and salary of the 5 highest paid employees of my company are <u>NOT</u> publicly available.

Yes ☐ No ☐

16. If the answers to Questions 11, 12 and 13 above are yes, please provide the names and the total compensation for your entity's five highest paid Senior Executives as required under FFATA (Public Law 110-252) unless the public has access to information about the compensation of your Senior Executives through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 [15 U.S. Code §§78m(a) and 78o(d)] or §1601 of the Internal Revenue Code (26 U.S. Code).

Name:	Total Compensation:
Name:	Total Compensation:
Name:	Total Compensation:
Name:	Total Compensation:
Name:	Total Compensation:

SUBRECIPIENT APPROVAL

In signing below and offering to participate in this research program, the Subrecipient Institution certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from receiving funds from any federal department or agency and are not delinquent on any federal debt; they are in compliance with the Drug Free Workplace Act of 1988; they are in compliance with U.S. Code, Section 1352, restrictions on the use of federal funds for the purpose of lobbying; they have filed annually with the Office of Scientific Integrity governing Misconduct in Science; they have filed with DHHS compliance offices certification forms governing Civil Rights (441), Handicapped Individuals (641), Sex Discrimination (639-A), and Age Discrimination (680); they are in compliance with PHS policy governing Program Income; they have established policies in compliance with 45 CFR Part 46, Subpart A (protection of human subjects); the Animal Welfare Act (PL-89-544 as amended) and the Health Research Exchange Act of 1985 (Public Law 99-158); and that they are in compliance with NIH guidelines regarding human pluripotent stem cell research, transplantation of fetal tissue, recombinant DNA and human gene transfer research, and inclusion of women, children & minorities in research. This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime awarding agency's policies, agree to accept the obligation to comply with award terms, conditions, and certifications, and is prepared to establish the necessary inter-institutional agreement consistent with that policy. Any terms or rates included in the proposal described herein are not binding upon the Pass-Though Entity. All terms and conditions between the parties will be outlined in a separate formal Agreement. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Signature of Subrecipient's Authorized Official	Date	Federal Employer Identification Number
Name and Title of Authorized Official		Email Address

Please submit via email with attachments to your Mason Grants or Research Administrator (OSP or Department). If you have general questions, email proposal@gmu.edu

Certification Adopting Mason's Conflict of Interest Policy

Mason's policy titled “Conflicts of Interest in Federally-Funded Research” will be incorporated into the subagreement at the time of award. Please review the policy at http://universitypolicy.gmu.edu/policies/financial-conflicts-of-interest-in-federally-funded-research/

Following review, the subrecipient PI must complete the following:

Subrecipient Legal Name: _____

Subrecipient PI Name: _____

Project Title: _____

Mason PI Name: _____

Subrecipient PI Designation of “COI Investigators” for this project: *

COI Investigator Full Name _____

COI Investigator Full Name _____

COI Investigator Full Name _____

COI Investigator Full Name _____

COI Investigator Full Name _____

I certify that I, and all COI Investigators identified above, have read and understand Mason's Conflict of Interests in Federally-Funded Research Policy, will make all required reports, and prior to expenditure of any awarded funds, if applicable, shall have reached an agreement with Mason for conditions or restrictions to reduce, manage, or eliminate any conflicts of interest under the policy.

_____ Date _____

Subrecipient PI Signature

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*COI Investigator describes any individual, regardless of title, role or position, who is responsible for the design, conduct, or reporting of research. Individuals with such research responsibilities may be, but are not limited to, senior/key personnel, sub/co-investigator or subrecipient investigator, medical investigator, collaborator, consultant, student, trainee, or research coordinator. By considering an individual's degree of independence relative to the research, the Principal Investigator on the proposal or protocol designates those who meet the definition of "Investigator".