

University of Iowa Subrecipient Information Form

For each subaward or subcontract requested, complete this form then attach to the eDSP Outgoing Subaward (OGS) Request System. This form is an attachment requirement for NEW subaward or subcontract requests.

Subrecipients/Subcontractors/Collaborators working with the University of Iowa (UI) utilizing funds, are required to submit certain information based on university, state and/or federal policies.

References to 'Subrecipient' in this form shall mean the Subrecipient, Subcontractor or Collaborator as appropriate for the project.

Section 1: UI Information <i>To be completed by UI Department</i>		
UI PI:	Prime Sponsor is a federal agency?	
Prime Sponsor (per DSP Tracker):	Subrecipient is included on the UI Routing Form? (If no, please contact DSP Grant/Contract Reviewer.)	
Sponsor (per DSP Tracker) AKA Pass Through Entity:		
<i>If this funding is NOT coming directly through Prime Sponsor? (Add Pass Through Entity.)</i>		
UI Grant Program #:	UI Department Contact Email:	
Project Title:		
Section 2: Subrecipient Project Information <i>To be completed by UI Department</i>		
Budget Period Begin: (MM/DD/YYYY):	Project Period Begin (MM/DD/YYYY):	Amount (current increment):
Budget Period End: (MM/DD/YYYY):	Project Period End (MM/DD/YYYY):	
Does your entity have a negotiated F&A Rate Agreement?	F&A Percentage Rate subrecipient will use for this agreement:	
If yes, please provide a copy or URL (if entity is on the FDP Expanded Clearinghouse the F&A Agreement does not need to be provided):		
Section 3: Project Compliance Information <i>To be completed by UI Department</i>		
Will vertebrate animals be involved in the Subrecipient's portion of the project?		
Will Recombinant DNA, human, plant, or animal pathogens or biological toxins be involved in the Subrecipient's portion of the project?		
Will Human Subjects be involved in the Subrecipient's portion of the project?		Enter Subrecipient FWA number
Is this part of a clinical trial?	If yes, attach Study Protocol to OGS request. Is this project under a single IRB?	
Are you exchanging human subject data? If yes, What is the type of data to be shared?		
Is the data sourced from EPIC (applicable to UIHC records)?		If yes, answer below.
<ul style="list-style-type: none"> a) Have you requested Data Governance Task Force approval to share the data with this Subrecipient? If yes, provide the Data Governance Task Force record number: b) Describe data or attach survey template for project to OGS request: 		
Section 4: Subrecipient Entity Information <i>To be completed by Subrecipient</i>		
Subrecipient PI Name:	Is the Subrecipient PI presently debarred or suspended?	
Does Subrecipient have a compliant COI policy? (Agencies and organizations following COI regulations)	Commercial And Government Entity (CAGE) Code:	
Is subrecipient listed on the FDP COI Clearinghouse? (Click the link FDP COI Clearinghouse to check if your institution participates in the FDP COI Clearinghouse.) If no , here is a link for the Subrecipient Conflict of Interest Questionnaire: Subrecipient Conflict of Interest Questionnaire (Form B)		
Does Subrecipient participate in the FDP Expanded Clearinghouse? (This is NOT the same as the FDP COI Clearinghouse . Click link for FDP Expanded Clearinghouse to check if your institution participates in the Expanded Clearinghouse.)		
Please include your FDP Expanded Clearinghouse link:		
Regarding the person completing this form on behalf of Subrecipient institution, please provide a name and email contact:		
Name:	Email:	

Attachment 3B
Subrecipient Contacts

Subaward Number:

Subrecipient Information for [FFATA](#) reporting

Entity's UEI Name:

EIN No.:

Institution Type:

UEI:

Currently registered in SAM.gov: Yes No

Exempt from reporting executive compensation: Yes No *(if no, complete 3Bpg2)*

Parent UEI:

This section for U.S. Entities: Zip Code [Look-up](#)

Place of Performance Address

Congressional District: Zip Code+4:

Subrecipient Contacts

Central Email:

Website:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

Financial Contact Name:

Email:

Telephone Number:

Invoice Email:

Authorized Official Name:

Email:

Telephone Number:

Legal Address:

Administrative Address:

Payment Address:

If your entity participates in the FDP Expanded Clearinghouse stop here this form is now complete and ready to submit.

UI Subrecipient Initiation Form

Audit and Financial Questionnaire to be completed by non-FDP Expanded Clearinghouse participants.

For non-FDP Expanded Clearinghouse Subrecipients

Federal regulations require organizations receiving federal financial assistance above a specified threshold (\$750,000) in a fiscal year to have a compliance or program audit performed. 2 CFR 200-Subpart F requires the University of Iowa to ensure your organization, as a Subrecipient, is in compliance with Federal requirements.

Answer the questions below.

Yes	No	In the preceding fiscal year did the entity receive 80% or more of its annual gross revenues in federal awards?
Yes	No	Has the entity received \$25,000,000 or more in annual gross revenues from federal awards?
Yes	No	The entity does NOT give public access to information about the compensation of the senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.
If you answered "Yes" to ALL three questions above, you are required to provide the names and compensation of the five most highly compensated officers in the space below.		
Yes	No	Is Subrecipient exempt from reporting compensation (FFATA)?
Officer 1 Name:		Officer 1 Compensation:
Officer 2 Name:		Officer 2 Compensation:
Officer 3 Name:		Officer 3 Compensation:
Officer 4 Name:		Officer 4 Compensation:
Officer 5 Name:		Officer 5 Compensation:

Has your institution completed a Single Audit in accordance with 2CFR Part 200-Subpart F?

Yes-please provide information from most recently completed audit:

Fiscal Year:

Fiscal Year From MM/DD:

Fiscal Year To MM/DD:

Provide a copy or URL to your Audit:

Were there any findings within the last 3 years of completed audits?

Provide a copy or URL to your Corrective Action Plan:

If your entity completed a single audit and provided or attached the URL and applicable corrective action plan this form is now complete.

No-indicate reason and complete the questions below:

Subrecipient is a for-profit or foreign organization

Subrecipient received less than \$750,000 as described in 2 CFR 200.110(b) and 2 CFR 200.501(a) guidance: or

Other-please explain:

If your entity DID NOT complete a single audit, the Subrecipient's Financial and Audit Questionnaire is required to be completed. (See following page)

<p>If your entity DID NOT complete a single audit, the Subrecipient's Financial and Audit Questionnaire is required to be completed. (See below)</p>		
<p>Subrecipient's Financial and Audit Questionnaire</p>		
Yes	No	Are duties separated so that no one individual has complete authority over an entire financial transaction?
Yes	No	Does your entity have controls to prevent expenditure of funds in excess of approved, budgeted amounts?
Yes	No	Are all disbursements properly documented with evidence of receipt of goods or performance of services?
Yes	No	Are all bank accounts reconciled monthly?
Yes	No	Does your entity have a system to track paid time, particularly time charged to grants, contracts or cooperative agreements?
Yes	No	Are there procedures to obtain goods and services at competitive prices?
		Is there an effective system of authorization and approval of:
Yes	No	a) Capital equipment expenditures?
Yes	No	b) Travel expenditures?
Yes	No	Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?
Yes	No	Are there procedures in place to authorize and account for the disposal of property and equipment?
Yes	No	Are detailed property records periodically checked by physical inventory?
Yes	No	Does the entity ensure that all costs charged to grants, contracts, and cooperative agreements are legitimate and appropriate?
<p>To assist with our review, it is strongly recommended you attach a copy or provide a URL to the most recently completed audited financial statement, and an independent auditor's letter.</p>		
Financial Statement URL		Auditor's Letter URL