SUNY RF
The Research Foundation for The State University of New York

Downstate Health Sciences University
Sponsored Program Administration
Office of Research Administration

# SUBCONTRACT PROPOSAL FACE PAGE

***This form DOES NOT constitute a contract.*** *All subrecipients/subcontractors must complete this form when participating in a sponsored project with Downstate.*

**Pass-through Entity (PTE)/Prime Institution**

**The Research Foundation for the State University of New York on Behalf of Downstate Health Sciences University**
PTE/ Prime PD/PI: _____
Prime Sponsor: _____
Project Title: _____
_____

**SUBRECIPIENT INFORMATION**
Legal Name: _____
Subrecipient a member of the FDP Expanded Clearinghouse ☐ Y ☐ N
Subrecipient a non-US/Foreign Entity? ☐ Y ☐ N
Subrecipient PI: _____
Place of Performance: _____
Unique Entity ID: _____ EIN:_____ Performance Site Congressional District : _____
Project Period: _____ to _____
Total Direct Costs: _____ Total Indirect Costs: _____ Total Project Costs: _____

**PROPOSAL DOCUMENTS**

☐Scope of Work
☐Budget and Budget Justification
*Y☐ N☐ Cost share included?*
☐Biographical Sketches
☐Current and Pending (other) support (If required)
☐F&A rate agreement
☐Letter of Support
☐Facilities and Resources
☐Other: _____
☐Other: _____

**The Subrecipient activities include**:
☐Human subjects ☐Vertebrate Animals ☐Recombinant DNA ☐Stem Cells

**Subrecipient AOR-** This form must be signed by the subrecipient's authorized official/institutional representative (AOR), or individual with the legal authority to sign on behalf of the subrecipient.

***By signing below, I certify that (check all that apply):***

☐*Subrecipient certifies that it has an active and enforced conflict of interest policy that is consistent with the provisions of 42 CFR Part 50.*

☐*Subrecipient, PI, or any other employee, or student participating in the project is not debarred, suspended, or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs or activities.*

☐*For Federally funded research, all senior/key personnel or covered individuals identified in this proposal have complied with their responsibility under Section 10632 of the CHIPS and Science Act of 2022 (42 U.S.C. § 19232) each individual identified by the applicant as a senior/key person certified on their Common Form for Biographical Sketch that they are not a party to a malign foreign talent recruitment program*

☐*For Federally funded research and when required by the federal agency, all senior/key covered personnel identified in this proposal must have completed applicable research security training as required by the CHIPS and Science Act of 2022 and applicable agency requirements.*

☐*If NIH-funded and the Subrecipient is a foreign entity, Subrecipient certifies it has reviewed NOT-OD-23-182 and is willing to abide by all requirements in the event a subaward is issued.*

☐*This proposal has been reviewed and approved, and any information, certifications, and representations in the proposal and in this Subrecipient Commitment Form (including attachments) have been made by an authorized official of the Subrecipient, attesting to its accuracy, completeness, compliance with the awarding agency's policies. Subrecipient further attests that any subsequent additions, revisions, or modifications related to this proposal will be accurate, complete, and in compliance with the awarding agency's policies.*

☐*The appropriate programmatic and administrative personnel involved in this application are aware of all sponsor policies regarding 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.*

| | |
|---|---|
| _____ | _____ |
| Name and Title of the Subrecipient's AOR | Email |
| _____ | _____ |
| Signature of the AOR | Date |