10/2025

# OFFICE OF SPONSORED PROGRAMS
# SUBRECIPIENT DATA FORM

**This form is required to be completed by LSU's subrecipient**

| **SECTION I. PROPOSAL INFORMATION** | |
|---|---|
| Subrecipient Legal Name (as appeared in Sam Registration): | Place of Performance Address (City, State, Zip +4): |
| | |
| Unique Entity Identifier (UEI): | Congressional District: |
| Federal Employer Identification Number (EIN): | Prime Awarding Agency: |
| Prime Sponsor: | |
| Notice of Funding Opportunity Number or URL: | |
| Registered in SAM? ☐Yes ☐No Expiration Date_____ | |
| Subrecipient Organization Type: ☐University ☐Other Non-profit ☐For profit ☐Other_____ | |
| Subrecipient Total Funds Requested (in US dollars): | |
| Subrecipient Total Cost Sharing Committed (in US dollars), if applicable: | |
| Subrecipient Period of Performance (from/to): | |
| Proposal Title: | |
| **LSU Principal Investigator:**<br>Name:<br>Phone:<br>Email: | |

| **SECTION II. SUBRECIPIENT CONTACT INFORMATION** | |
|---|---|
| **Subrecipient Principal Investigator** | **Subrecipient Administrative Contact** |
| Name: | Name: |
| Title: | Title: |
| Phone: | Phone: |
| Email: | Email: |
| **Subrecipient Authorized Organizational Representative** | **Subrecipient Financial Contact** |
| Name: | Name: |
| Title: | Title: |
| Phone: | Phone: |
| Email: | Email: |

## SECTION III. SUBRECIPIENT AUDIT

1. Does Subrecipient receive an annual Single Audit or external financial audit? ☐ Single Audit ☐ External Financial Audit ☐ None
   a. Fiscal year starts (Month/Date): _____
   b. Date of most recent audit: _____
   c. Has your organization received any audit findings, material weaknesses, significant deficiencies, or material non-compliances in either of the **two** preceding fiscal years? ☐ Yes ☐ No
   d. Provide Audit Report URL (or attach copy): _____
2. Please provide Subrecipient Representative for Audit Verification Requests:
   Name: _____ Email: _____

## SECTION IV. SPECIAL REVIEW AND CERTIFICATIONS (check all that apply)

| YES | NO | **If proposal is awarded, appropriate committee approvals must be provided before any subaward can be issued.** |
|---|---|---|
| ☐ | ☐ | 1. Does this project involve Human Subjects? |
| ☐ | ☐ | 2. Does this project involve Vertebrate Animals? |
| ☐ | ☐ | 3. Does this project involve Radioactive Materials/Radiation? |
| ☐ | ☐ | 4. Does this project involve Recombinant DNA, infectious agents, transgenic plants or animals, human or primate cells/tissues or biological toxins? |

**Responsible Conduct in Research (RCR) (required for NSF, USDA-NIFA, Certain NIH Programs , and other federal agencies requiring RCR Training)**

☐By checking this box, Subrecipient certifies, if applicable, that it has a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to covered individuals as required by the funding agency

☐Not Applicable as this project is not subject to RCR requirement.

**Financial Conflict of Interest (FCOI) Policy (**complete this section if the prime awarding agency is the **National Science Foundation (NSF), a Public Health Services (PHS) Agency or other federal agencies who have adopted NSF/PHS COI policy)**

☐The external entity will follow its own FCOI policy that is compliant with the requirements of **42 CFR Part 50,** and **45 CFR Part 94** or **NSF Proposal and Awards Policies and Procedures Guide**, as applicable. ***If checked, continue to next Section.***

☐The external entity will follow LSU's FCOI policy. If checked, external entity will need to complete LSU's SFI Disclosure Form.

☐Not Applicable as this project is not funded by a federal agency who has adopted PHS or NSF FCOI policy.

**CHIPS and Science Act of 2022 (42 U.S.C. § 19232)**

☐By checking this box, Subrecipient certifies that it adheres to all the applicable CHIPS and Science Act of 2022 requirements, including but not limited to the requirements of completing the Research Security Training by the Covered Individuals listed on the application for a research and development award and the annual certifications by all individuals identified as senior/key personnel on the application that they are not a party to a Malign Foreign Talent Recruitment Program.

☐Not Applicable as this project is not funded by a federal agency.

## Relationship Disclosure / Ethics

**(To be completed by individuals/entities other than universities, colleges, state agencies, or municipalities).**

As a public institution, LSU is governed by section 1113 of the Code of Governmental Ethics (LSA - R.S. 42:1113), which prohibits public servants and their immediate family members from entering into certain transactions. This includes subawards. Active LSU employees and their immediate family members should not provide goods or services to LSU under a subaward unless an approved PM-67 Contract between the University and its Faculty Members is in place.

☐Subrecipient certifies that no LSU employee or their immediate family members, as defined in LSA–R.S. 42:1113, have an ownership interest in my organization.

If you are unable to make this certification, please explain _____

## SECTION V. SUBRECIPIENT Classification and Experience (applicable if the Prime Awarding Agency identified above is federal)

| | | |
|---|---|---|
| ☐ **YES** | ☐ **NO** | My organization is properly categorized as a subrecipient in accordance with 2 CFR 200.331, compliance responsibilities, and audit requirements listed above. **If "No" please contact the LSU PI about procuring your organization's products and services as a Contractor.** |
| ☐ **YES** | ☐ **NO** | Does subrecipient have on-going direct Federal awards? |
| ☐ **YES** | ☐ **NO** | Does subrecipient have on-going Federal subawards? |

| | | |
|---|---|---|
| ☐ **YES** | ☐ **NO** | Are any of the on-going direct Federal awards or Federal subawards from the same Federal Awarding Agency that funds this project? |
| ☐ **YES** | ☐ **NO** | Does subrecipient have new personnel or new or substantially changed systems? If Yes, please explain. |

## SECTION VI. REQUIRED SUBRECIPIENT PROPOSAL DOCUMENTS

**The following documents are included with this Subrecipient Data Form:**

☐ **STATEMENT/SCOPE OF WORK**

☐ **BUDGET**

☐ **BUDGET JUSTIFICATION (per Sponsor guidelines)**

☐ **F&A AND FRINGE RATE AGREEMENTS or ☐ de minimis rate of MTDC per 2 CFR 200. 414 or ☐ N/A (not budgeted)**

☐ **OTHER documents as required by Sponsor: _____**

## SECTION VII. SUBRECIPIENT APPROVAL

By signing below, I, as the Authorized Organizational Representative for the subrecipient, hereby certify: (1) my organization, its principals, the principal investigator identified above or any project personnel are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency; (2) no Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, 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 this proposed project *(for U.S. federally funded projects only)*; (3) I am aware of the prime awarding agency's proposal certifications and hereby make such required certifications as applicable to a subrecipient; (4) if the prime awarding agency is NIH and if my organization is a foreign subrecipient, my organization will comply with the NIH policy guidance NOT-OD-23-182 requiring foreign subrecipients to provide access (electronic access permissible) to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as described in the progress report, to the primary recipient with a frequency of no less than once per year, in alignment with the timing requirements for Research Performance Progress Report submission; and (5) to the best of my knowledge and belief that the budget is reasonable, allowable and allocable in accordance with applicable federal cost principles and/or prime awarding agency's policies and procedures and 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.

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 are prepared to establish the necessary inter-institutional agreement consistent with that policy.

**I acknowledge any expenses incurred prior to execution of a subrecipient agreement are at the Subrecipient's own risk.**

_____

Signature of Authorized Organizational Representative Date

_____

Name and Title of Authorized Organizational Representative