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| 1. Proposal information *to be completed by institution issuing the subaward* | | | | | | | |
| Deakin University Principal Investigator: | | | |  | | | |
| Awarding agency: | |  | | | | Application Ref no: |  |
| Proposal title: |  | | | | | | |
| Period of Performance | | | Start date: | | End date: | | |

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| 1. SUBRECIPIENT INSTITUTION INFORMATION | | | | | | | | | | |
| Subrecipient Legal Name: | |  | | | | DUNS/UEI (required): | |  | | |
| Subrecipient address: | |  | | | | | | | | |
| Country: |  | | | City: |  | State/  province: |  | | ZIP/Post code: |  |
| Administrative Contact name: | |  | | | | Administrative title: | | | | |
|  | | | | |
| Administrative email: | |  | | | | Administrative phone: | |  | | |
| Institution Type\*: | |  | | | | Registered in SAM?: | | Yes  No | | |
| Facilities and Administrative rate: | | | Fringe Benefit Rates: | | | EIN: | | | | |
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| \* For Profit, inc small business; Government entity; Non-US entity; Not-for-profit; Other; School district/other education | | | | | | | | | | |

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| 1. SUBRECIPIENT PI INFORMATION | | | | | |
| Subrecipient PI Name: | |  | | | |
| Email: |  | | | Phone: |  |
| eRA Commons User Name (NIH Proposals): | | |  | | |

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| 1. SUBRECIPIENT BUDGET REQUEST AND PERFORMANCE PERIOD | | | | | | | |
| Total Budget: | Direct Request: | | Facilities & Admin: | | Performance start: | | Performance end: |
| $ | $ | | $ | |  | |  |
| Participating Support $: | | Program Income: | | Clinic Trial: | | Cost sharing/matching/in-kind\* | |
| Yes | No | Yes | No | Yes | No | $ | |

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| 1. COMPLIANCE INFORMATION | | | |
| Human Subjects Y/N: | Yes | Export Control: *Do you anticipate the use, transfer or development of items, software or technology that is export controlled?* (Y/N/Unknown at this time) | Yes  No  Unknown |
| No |
| Vertebrate Animals Y/N: | Yes |
| No |

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| 1. RESPONSIBLE CONDUCT OF RESEARCH *(if applicable)* | |
| Subrecipient certifies it maintains policies and procedures for Responsible Conduct of Research. | Yes  No |
| If the subrecipient does not have policies and procedures for Responsible Conduct of Research, the subrecipient agrees to conduct research as per Deakin University’s [Research Conduct Policies and Procedures](https://policy.deakin.edu.au/document/view-current.php?id=92) | Agree |
| If NSF, subrecipient certifies it maintains an institutional plan compliant with NSF’s Responsible Conduct of Research requirement *(‘yes’ if applicable):* | Yes |
| N/A |
| If NIFA, subrecipient certifies it complies with NIFA’s Responsible and Ethical Conduct of Research Requirements *(‘yes’ if applicable):* | Yes |
| N/A |

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| 1. PROPOSAL DOCUMENTS INCLUDED | | | | | |
| *The following documents are included in our proposal submission and included in the below certifications (Y/N):* | | | | | |
| Statement of work: | Yes | Budget and Budget Justification: | Yes | Other  (please specify): |  |
| No | No |

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| 1. CONFLICT OF INTEREST *select the applicable response below* | |
| Financial Conflict of Interest (FCOI) policy complies with PHS and/or NSF requirements (provision of 42 CFR Part 50, Subpart F “promoting Objectivity in Research”) (*please forward a copy to* [*research-grants@deakin.edu.au*](mailto:research-grants@deakin.edu.au)) |  |
| Subrecipient does not have a compliant conflict of interest policy and agrees to be bound by Deakin University’s [Financial Conflict of Interest policy](https://www.deakin.edu.au/__data/assets/pdf_file/0006/2406372/US-FPHS-NIH-FCOI-Instruction-28jan22.pdf) |  |

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| 1. SUBRECIPIENT APPROVAL | |
| *The Authorised Official certifies the information on this form is accurate and complete and that the associated proposal documents have been reviewed and approved by the appropriated personnel of the subrecipient institution. The appropriate programmatic and administrative personnel involved in this proposal are aware of the* [*sponsoring agency policies*](https://www.niaid.nih.gov/research/grants-subawards-consortium-agreements) *and are prepared to enter into an inter-institutional agreement consistent with those policies.*  *In signing the below, and offering to participate in this research program, the Subrecipient certifies that neither it nor its 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*  *Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient’s own risk.* | |
| Authorised Official Name: | Title: |
| Signature of Authorised Official: | Email: |
| Date: | Phone: |