

How to Subaward & Subrecipient Monitor



University of Colorado
Anschutz Medical Campus

This is my first rodeo- help!!

Never fear. We're here to help!

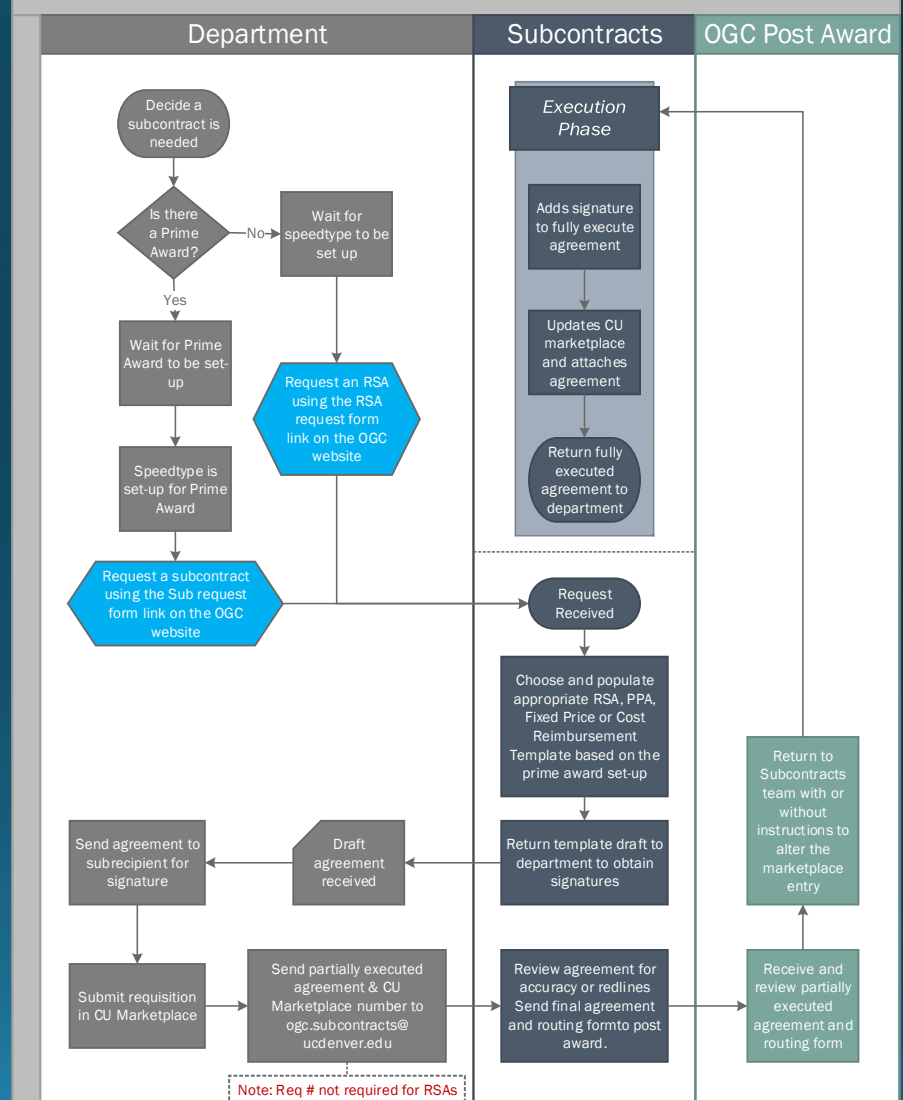
- Website start-up resources:

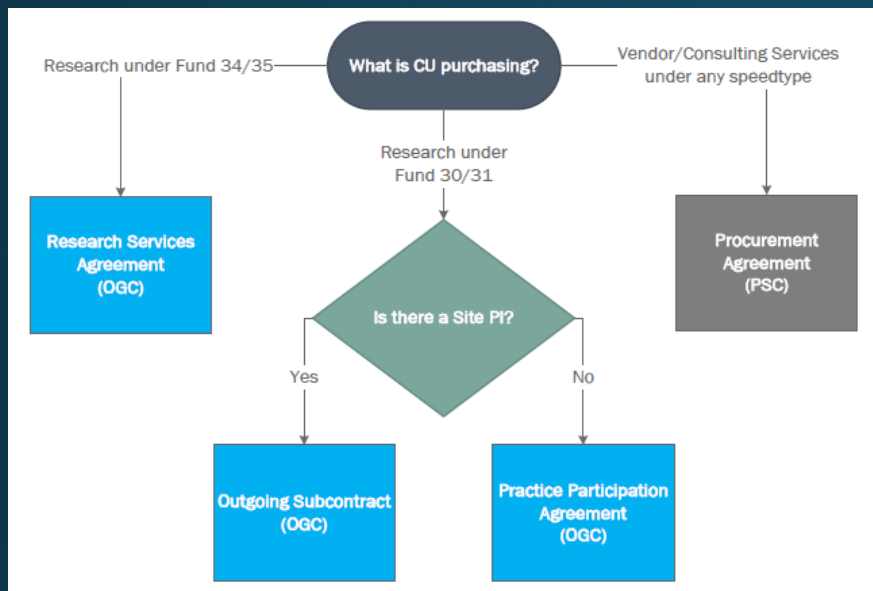
<https://research.cuanschutz.edu/ogc/home/ogc-teams/contracting/OGCContracts/subcontracts#ac-process-documents-o>

Process Documents

- Requesting a Subcontract
- CU Marketplace Guide - Creating (or Renewing) SPOs
- Subcontracts Process Map
- Subcontract Management
- Intercampus Subcontract Process (CU Anschutz and CU Boulder)
- Research Service Agreements (RSA) and Practice Participation Agreement (PPA) - What's the Difference?
- Outgoing Funds Diagram

OGC Sub Contract Process





Research Services Agreement (RSA)

This agreement template is used in place of a standard FDP subcontract template when the University is purchasing research out of a fund 34 or 35. In rare cases, this can be used for funds 2X, 10, or 80. This is NOT appropriate for the purchase of consulting services out of a fund 30 or 31. You can request an RSA using the formstack link below:

Practice Participation Agreement (PPA)

This agreement template is used in place of a standard FDP subcontract template when the University is outsourcing work to external sites for clinical services under a fund 30/31 and the site will not have a PI designated as key personnel under the prime award. You can request a practice participation agreement using the same research services formstack link:

PSC v. OGC routing diagram

https://research.cuanschutz.edu/docs/librariesprovider148/ogc_documents/outgoing-funds-diagram356a3de7302864d9a5bfff0a001ce385.pdf?sfvrsn=fa4259bb_o

Vendor v. Subrecipient

https://research.cuanschutz.edu/docs/librariesprovider148/ogc_documents/subrecipientdeterminationchecklist_2016sept414e92e5302864d9a5bfff0a001ce385.doc?sfvrsn=8e66f6bg_o

SUBRECIPIENT: A subaward is likely appropriate if answers to the following questions are "Yes".

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The Scope of Work (SOW) represents an intellectually significant portion of the programmatic effort of the overall project. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has its performance measured in relation to whether objectives of a Federal program are met. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Has responsibility for programmatic decision making. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is responsible for adherence to applicable Federal program requirements specific in the Federal award. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Uses Federal funds to carry out a program for a public purpose specified in an authorizing statute as opposed to providing goods or services for the benefit of the pass-through entity |

CONTRACTOR: A contract is for the purpose of obtaining goods and services for the non-Federal entity's own use and creates a procurement relationship with the contractor.

| YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Provides goods and services within normal business operations. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Provides similar goods and services to many different purchasers. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Operates in a competitive environment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Provides goods or services that are ancillary (secondary) to the operation of a Federal program. |

I'm ready to submit a request...

- All the request form links and attachments can be found here:

<https://research.cuanschutz.edu/ogc/home/ogc-teams/contracting/OGCContracts/subcontracts#ac-subcontract-request-forms-2>

- Which Request Form should I use?
- What attachments should I include?

Subcontract Request Forms

Please select the appropriate budget form to include with your subcontract/amendment request form.

- Request forms:**
- Subcontract Request Form
 - Amendment Request Form
 - Research Services Agreement and Practice Participation Agreement Request Form
- Attachments:**
- Cost Reimbursement Outgoing Subs Budget Templates
 - Which Budget Template Should I Use
 - Subrecipient Commitment Form
 - Contract Packet

| <u>Original/Initial Sub:</u> |
|--|
| Submit for the initial draft to flow through funding to the site for the first time under a project. This would be the first year for a multi-year award. Also used if we're entering a new segment of an award (i.e. we've completed the first 5 years, and now there is a new 5 year segment) |
| <u>Amendment:</u> |
| Used after an initial draft has been fully executed for a site, but now there are changes to the project to communicate and formalize in writing (i.e. new budget period, more money/time, less money/time, reallocated budget, new SOW, new Attachment 3A/B details). |
| <u>Research Services or Practice Participation:</u> |
| Used to request RSA or PPA agreements only. See flow diagram for when these are appropriate. |

| <u>Original Sub:</u> | <u>Amendment to a Sub:</u> | <u>RSA/PPA:</u> |
|--|---|-----------------|
| Subrecipient commitment form Budget template Statement of Work (SOW) for the site Contract Packet | Budget template (<i>if money or time is changing</i>) SOW (<i>if the work description is changing</i>) New Attachment 3B or 3A (<i>if changing</i>) | Budget SOW |

SUB ORIGINAL FORMSTACK

| | |
|--|--|
| <p>Is Protected Health Information (PHI) under HIPAA being provided by either party?*</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Will Human Subjects Data be exchanged with the site under this agreement?*</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Will human subjects be used in the performance of the subrecipients work?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Will animal subjects be used in the performance of the subrecipient's work?*</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Is this project a clinical trial?*</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Multi-Center Clinical Trial</p> <p>Does this project include work covered by ITAR or EAR?*</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Is cost-share required or included in the subrecipient budget?*</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Are participant support costs included in the subrecipient budget?*</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>What type of funding/payment applies to this site?*</p> <p><input type="checkbox"/> Fixed Price</p> <p><input type="checkbox"/> Cost Reimbursement</p> <p><input type="checkbox"/> Installment Based</p> <p><input type="checkbox"/> Other:</p> <p><input type="text"/></p> <p>Is this a Fund 30/31 project?*</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Is the prime award a federal award? - Copy*</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Sponsor*</p> <p><input type="text"/></p> <p>Sponsor's Award Number (FAIN)*</p> <p><input type="text"/></p> <p>Proposal Routing Number*</p> <p><input type="text"/></p> <p><small>The Proposal Routing Number is the InfoEd number associated with the incoming award you have routed separately.</small></p> |
|--|--|

AMENDMENT FORMSTACK

| | |
|--|--------------------------------------|
| New Budget Period (Start Date)* | New Budget Period (End Date) - Copy* |
| <input type="text"/> | <input type="text"/> |
| Funds Added (if applicable) | |
| <input type="text"/> | |
| Cumulative Total (Required for NCEs) | |
| <input type="text"/> | |
| SECTION C: SUBCONTRACT CHANGES | |
| <p>Please check the appropriate box for any changes from the previous year.</p> <p><input type="checkbox"/> PI Change</p> <p><input type="checkbox"/> New cost share</p> <p><input type="checkbox"/> Invoice Template</p> <p><input type="checkbox"/> Prime Award (if new)</p> <p><input type="checkbox"/> Revised 3A or 3B form</p> <p><input type="checkbox"/> Subrecipient Commitment Form (Federal funding only)</p> <p><input type="checkbox"/> New participant support</p> <p><input type="checkbox"/> Export Controlled Information</p> <p><input type="checkbox"/> Revised SOW</p> <p><input type="checkbox"/> New deliverables</p> <p><input type="checkbox"/> Different place of performance</p> | |
| <p>Please provide a description of all changes checked above.</p> <p><input type="text"/></p> | |

Formstack Protips

More on Attachments...

What is a Contract Packet?

https://research.cuanschutz.edu/docs/librariesprovider148/ogc_documents/contract-packet-2023.pdf?sfvrsn=cbo35abb_0

Attachment 3A
Pass-Through Entity (PTE) Contacts

Subaward Number:

PTE Information
Entity Name:
Legal Address:
Website:

PTE Contacts
Central Email:
Principal Investigator Name:
Email: Telephone Number:
Administrative Contact Name:
Email: Telephone Number:
COI Contact email (if different to above):
Financial Contact Name:
Email: Telephone Number:
Email Invoicing: ☒ Yes ☐ No Invoice email (if different):
Authorized Official Name:
Email: Telephone Number:

PI Address:
Administrative Address:
Invoice Address:

Protip: this will be different for each project/PI

Attachment 3B
Subrecipient Contacts

Subaward Number:

Subrecipient Information for **FFATA** reporting
Entity's DUNS Name:
EIN No.: Institution Type:
DUNS: Currently registered in SAM.gov: ☐ Yes ☐ No
Exempt from reporting executive compensation: ☐ Yes ☐ No (if no, complete 38a-g)
Parent DUNS: This section for U.S. Entities: Zip Code: [Link-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/Payment Email:
Authorized Official Name:
Email: Telephone Number:

Legal Address:
Administrative Address:
Payment Address:

The site will populate or provide this information

Attachment 4
Reporting and Prior Approval Terms

Subaward Number:

INSTRUCTIONS:
If you leave this attachment blank with your submission, we will default select 2 options for you:
(1) A Final Technical Report and (2) Annual Technical Reports

Subrecipient agrees to submit the following reports (PTE contacts are identified in Attachment 3A):

Technical Reports:
☐ Monthly technical/progress reports will be submitted to the PTE's within days of the end of the month.
☐ Quarterly technical/progress reports will be submitted within 30 days after the end of each project quarter to the PTE's .

☐ Annual technical / progress reports will be submitted within days prior to the end of each budget period to the PTE's . Such report shall also include a detailed budget for the next Budget Period, updated other support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable.

☐ A Final technical/progress report will be submitted to the PTE's within days of the end of the Project Period or after termination of this award, whichever comes first.

☐ Technical/progress reports on the project as may be required by PTE's in order for the PTE to satisfy its reporting obligations to the Federal Awarding Agency.

Prior Approvals:
Carnover:

Other Reports:
☐ In accordance with 37 CFR 401.14, Subrecipient agrees to notify both the Federal Awarding Agency via Edison and PTE's within 60 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personal responsible for patent matters. The Subrecipient will submit a final invention report using Federal Awarding Agency specific forms to the PTE's within 60 days of the end of the Project Period to be included as part of the PTE's final invention report to the Federal Awarding Agency. A negative report is required:

☐ Property Inventory Report (only when required by Federal Awarding Agency), specific requirements below.

Additional Technical and Reporting Requirements:

Protip: be sure to populate your selections for reporting requirements!

Attachment 5
Statement of Work, Cost Sharing, Indirects & Budget

Subaward Number:

Statement of Work
☐ Below ☐ Attached pages
If award is FFATA eligible and SOW exceeds 4000 characters, include a Subrecipient Federal Award Project Description

Budget Information
Indirect Information Indirect Cost Rate (ICR) Applied % Cost Sharing ☒ Yes ☐ No
Rate Type: If Yes, include Amount: \$

Budget Details
☐ Below ☐ Attached pages

Instructions:
Cost Reimbursement:
Use one of the budget templates on our website:
-<https://research.cuanschutz.edu/ogc/home/ogc-teams/contracting/OGC-Contracts/subcontracts/fac-subcontract-request-forms-2>-
Fixed Rate (Clinical Trials):
For projects reimbursable on a per patient or per enrollment basis, use your own budget template, or input details here on \$/patient/enrolled, start-up costs, and any other expenses not included in per patient costs.
Fixed Price:
No budget template needed. Input any budget categories, milestones, timelines, or details in this box. You are welcome to include an additional budget attachment if you'd like us to include it in your draft.

Budget Totals
Direct Costs \$
Indirect Costs \$
Total Costs \$
All amounts are in United States Dollars

What's the deal with these budget templates and which one do I use?

1-NEW BUDG PERIOD+NEW \$

2- NEW BUDG PERIOD+AUTO CF ONLY

3-NEW BUDG PERIOD+APPROVED CF

4-NEW BUDG PERIOD+NEW\$+APPRVDCF

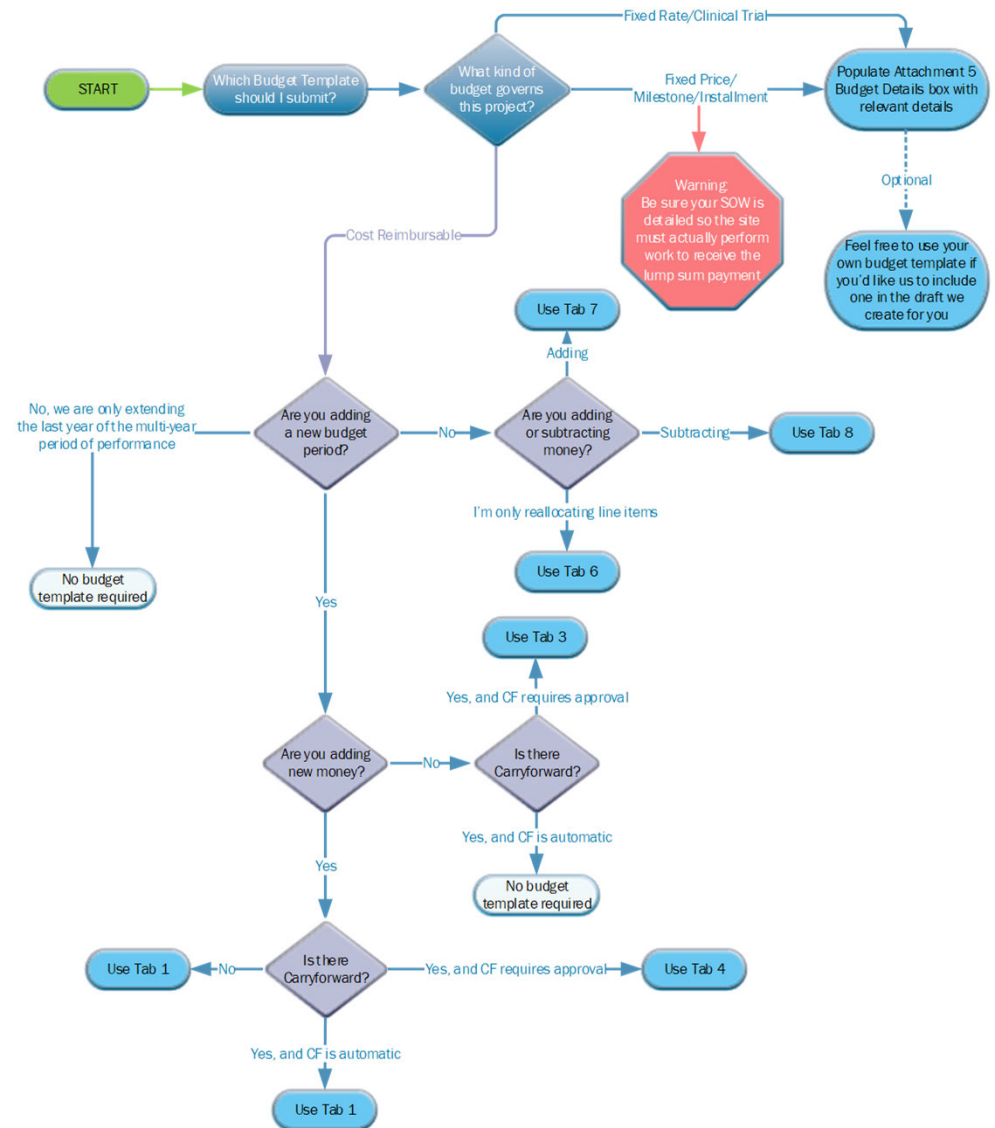
5-NO COST EXTENSION

6-SAME BUDG PERIOD-REALLOC

7-SAME BUDG PERIOD-INCREASE

8-SAME BUDG PERIOD-DEOBLIG

DECISION TREE



What is Subrecipient Commitment Form and when do I need one?



Subrecipient Commitment Form

This subrecipient commitment form must be completed by an organization that intends to enter a subrecipient relationship with the University of Colorado Denver | Anschutz Medical Campus (CU Denver | AMC).

NOTE: Missing or incomplete information may delay the subcontract process.

| SECTION A: CU DENVER ANSCHUTZ MEDICAL CAMPUS INFORMATION | | |
|--|--------------------------------------|------------------------------------|
| Name of CU Denver AMC PI | | |
| CU Denver AMC Department | | |
| Title of Proposal | | |
| Prime Sponsor | | |
| Prime Award Number | | |
| CU Denver AMC Period of Performance (MM/DD/YY) | Start: Click or tap to enter a date. | End: Click or tap to enter a date. |
| Subrecipient Period of Performance | Start: Click or tap to enter a date. | End: Click or tap to enter a date. |

| SECTION B: SUBRECIPIENT INFORMATION | |
|--|--|
| Legal Entity Name | |
| Employment Identification Number (EIN) | |
| DUNS Number / Unique Entity Identifier | |
| Subrecipient PI | |
| Organization Address, including ZIP Code +4 | |
| Congressional District of Organization (if in the USA) | |
| Performance Site Address (if different from organization address), including ZIP Code +4 | |
| Congressional District Performance Site (if in the USA) | |
| CAGE Code, for Domestic Organizations | |
| NAIS Code, for International Organization | |
| NCAGE Code, for International Organizations | |

| SECTION C: PROPOSAL DOCUMENTS | |
|--|--|
| <input type="checkbox"/> Statement of Work (Required – must describe the subrecipient's specific role) | |
| <input type="checkbox"/> Detailed Line-Item Budget (Required) | |
| <input type="checkbox"/> Narrative Budget Justification (Required) | |
| <input type="checkbox"/> Biosketches of Key Personnel (in agency required format, if required) | |
| <input type="checkbox"/> Small/Small Disadvantaged Business Subcontracting Plan (in agency required format, if required) | |
| <input type="checkbox"/> Other: | |

| SECTION D: PROJECT INFORMATION | |
|--|--|
| Does the project include any of the following? (Select all that apply) | |
| <input type="checkbox"/> Human Subjects | |
| <input type="checkbox"/> Animal Subjects – Note: An IACUC approval must be submitted to CU Denver AMC before the subaward can be issued. | |
| <input type="checkbox"/> Stem Cells | |
| <input type="checkbox"/> Genomic Data Sharing | |

1 | Page

| SECTION E: SUBRECIPIENT BUDGET | | |
|---|-------------------------------|--------------|
| | 1 st Budget Period | Total Budget |
| Total Costs (Direct and indirect (F&A) Costs) | \$ | \$ |
| Cost Share (if Applicable) | \$ | \$ |

Indirect (F&A) Cost Rates

| | | |
|---|-------|---------------------------|
| <input type="checkbox"/> Federally negotiated F&A rate | | |
| <input type="checkbox"/> A reduced F&A rate | Rate: | Rate Type Choose an item. |
| <input type="checkbox"/> No rate agreement; requesting and eligible for 10% de minimis rate (eligibility identified at 2 CFR 200.414) | | |
| <input type="checkbox"/> Not Applicable – subrecipient is not requesting payment of F&A | | |

Please provide a link to the subrecipient's F&A agreement in the box below if a federally negotiated F&A rate is applied to this proposal. **FDP Expanded Clearinghouse members may skip this question.**

| SECTION F: FDP Expanded Clearinghouse | |
|--|--|
| Is the subrecipient a Participating Organization in the FDP Expanded Clearinghouse initiative? | |
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| <ul style="list-style-type: none">• If you answered "Yes" to the question above, you may skip the remainder of the questions on this form. Please go to SECTION K: Authorizations on page five.• If you answered "No" to the question above, you must complete the remainder of the questions on this form. | |

| SECTION G: SUBRECIPIENT ELIGIBILITY (FEDERAL AWARDS ONLY) | |
|---|--|
| Per 2 CFR 25, federal award recipients and subrecipients must always maintain an active SAM.gov registration during the period of performance of a federal award. A subaward cannot be issued if the subrecipient does not have an active SAM.gov registration. | |

| | |
|--|--|
| Entity Name as Registered in SAM.gov | |
| DUNS Number / Unique Entity Identifier used in SAM.gov | |
| Expiration Date | |

| SECTION H: FATA REPORTING REQUIREMENTS (FEDERAL AWARDS ONLY) | |
|--|---|
| <input type="checkbox"/> YES | In your business or organization's preceding completed Fiscal Year, did your business organization receive (1) 80 percent or more of its annual gross revenues in U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and (2) \$25,000,000 or more in annual gross revenues from U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? |
| <input type="checkbox"/> NO | |

If you answered "YES" to the question above, please complete the following question:

| | |
|------------------------------|---|
| <input type="checkbox"/> YES | Does the public have access to information about the compensation of the executives of the organization referenced herein 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? If "NO," the subrecipient will be required to provide the names and total annual compensation of its top five highest compensated officers before a subaward may be issued. |
| <input type="checkbox"/> NO | |

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| SECTION I: SUBRECIPIENT CERTIFICATIONS | |
|--|--|
| Answer each of the following questions if applicable to this proposal. | |

| | |
|------------------------------|---|
| 1. Experience. | |
| <input type="checkbox"/> YES | Does the subrecipient have prior experience receiving the same or similar award type? |
| <input type="checkbox"/> NO | |

| | |
|------------------------------|---|
| 2. Fringe Benefits. | |
| <input type="checkbox"/> YES | Are the fringe benefit rates included in this proposal consistent with the subrecipient's federally negotiated rates? |
| <input type="checkbox"/> NO | |

If you answered "NO" to question 2, please provide a description of the basis on which the rate has been calculated in the Comments section below.

| | |
|------------------------------|---|
| 3. Lobbying. | |
| <input type="checkbox"/> YES | Does the subrecipient certify that no payments have been paid, or will be paid, 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? |
| <input type="checkbox"/> NO | |

| | |
|------------------------------|--|
| 4. Suspension and Debarment. | |
| <input type="checkbox"/> YES | a) Is the PI, any other employee, or any student planning to participate on this project currently debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities? If yes, please provide an explanation in the comment box below. |
| <input type="checkbox"/> NO | |

| | |
|------------------------------|--|
| <input type="checkbox"/> YES | b) Within three (3) years preceding this offer, has anyone in your organization been convicted of or had a civil judgement rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public or subcontract, including but not limited to: violation of federal or state antitrust statutes relating to the submission of offers or, commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? If yes, please provide an explanation in the comment section below. |
| <input type="checkbox"/> NO | |

| | |
|------------------------------|--|
| <input type="checkbox"/> YES | c) Within three (3) years preceding this offer, has your organization had one or more awards terminated for default by any federal agency? |
| <input type="checkbox"/> NO | |

| | |
|----------|--|
| Comments | |
| | |

3 | Page

Does it need to be signed? No!

I've submitted the request- yay!

Now what happens?

A member of the Outgoing Subs team will review the formstack request

Every piece of information you fill out in the formstack is used to:

Verify registration in sam.gov or perform Visual Compliance Check for international sites

Fill out the Risk Assessment Questionnaire we populate for subrecipient monitoring

Select the correct sub template to draft

Populate key information in the draft

Populate the Routing Form we eventually send to our post award team

Missing or inaccurate information/attachments = delays in drafting and returning your sub!



KHULAN AMARSANAA:
FDP SUBAWARD DRAFTING MACHINE & FFS TRAINEE

- FDP Subaward Drafting: (NIH, NSF, etc.)
- CME Event Agreements (FFS)



YINGFEI ZHEN:
OUTGOING SUBS EXPERT

- Ogc subcontracts triage
- FDP Subcontract Drafting: (State, Foundation, Private)
- Subs signature authority/marketplace updates
- Post Award approval routings
- Incoming FDP Agreements (SRA)

Pre-drafting Stage

InfoEd

| START | END | TYPE | STATUS |
|-------------|-------------|-----------------------|-------------------|
| 01-Sep-2021 | 31-Aug-2022 | New | Awarded |
| 01-Sep-2021 | 31-Aug-2022 | Non-Monetary | Awarded |
| 01-Sep-2021 | 01-Jul-2022 | Correction FY21 | Awarded |
| 01-Sep-2021 | 31-Aug-2022 | Funding | Awarded |
| 01-Sep-2022 | 31-Aug-2023 | Funding and Extension | Awarded |
| 01-Sep-2022 | 31-Aug-2023 | Supplement | Awarded |
| 01-Sep-2023 | 31-Aug-2024 | Funding and Extension | Anticipated Award |
| 01-Sep-2024 | 31-Aug-2025 | Funding and Extension | Anticipated Award |

| View | Name | Category |
|----------------------|--------------------------------------|---------------------------------|
| View | 5R24OD011883-11_ROUTING.doc | Award Routing |
| View | 3R24OD011883-11S1_ROUTING.doc | Award Routing |
| View | 5R24OD011883-09_TRANSFER_ROUTING.doc | Award Routing |
| View | 5R24OD011883-09_TRANSFER_FUNDS.msg | Award Notice/Executed Agreement |
| View | 3R24OD011883-11S1_AWARD.pdf | Award Notice/Executed Agreement |
| View | 5R24OD011883-11_AWARD.pdf | Award Notice/Executed Agreement |

Compliance Checks

The screenshot shows the SAM.GOV website interface. On the left, there is a sidebar with navigation links: Entity Registration, Exclusions (highlighted), Active Exclusions, and Responsibility / Qualification. The main content area displays the profile for 'RESEARCH TRIANGLE INSTITUTE'. Key details include: Unique Entity ID: JJCNCMKANT5N3, Registration Status: Active Registration (with a green checkmark), Expiration Date: Oct 18, 2023, and Purpose of Registration: All Awards. Physical and mailing addresses are listed as 3440 E Cornwallis RD, Research Triangle Park, North Carolina 27709-2154. Below this, a 'Version' dropdown is set to 'Current Record'. A disclaimer states that there may be instances where an individual or firm has the same or similar name as search criteria but is actually a different party. At the bottom, the 'ACTIVE EXCLUSIONS' section states there are no active exclusion records associated with this entity's Unique Entity ID.

The screenshot shows the Descartes Visual Compliance Research Edition interface. The top navigation bar includes links for CCL/ECCN, ITAR/USML, Inventory, RPS, Regulations, Schedule B, Resources, and Home. The main heading is 'NO MATCHING RECORDS FOUND'. Below this, a message states: 'Your search of the Descartes Visual Compliance Restricted Party Screening database failed to return any records.' To the right of this message are two buttons: 'Search same keywords again' and 'New Search'. The search criteria are listed as: Name: n/a, Company: sodexo, Address: n/a, City: n/a, State: n/a, and Country: n/a. The search type is 'For Fuzzy [2] matches. Field Specific on, Business words removal [Export, Sanctions, GSA, Police, PEP and International data groups.*] GSA data is updated in full every business day direct from SAM/EPLS.' The date of search is 'Friday, May 13, 2022' and the time of search is '06:29 PM UTC'.

Risk Assessment Questionnaire

Risk Assessment Questionnaire

This document has been modified from the original format provided by the Federal Demonstration Partnership for use by the University of Colorado. Please use the information within to help guide your subrecipient monitoring activities for this site.

| | |
|---------------------------------|---|
| Subrecipient Institution | University of North Texas |
| Internal Project Identifier(FY# | FY23.5000.001 |
| Prime Sponsor | NIH |
| Project Title | A study in the efficacy of our new RAQ document |
| UEI | G47WN1XZNWX9 |
| FAC EIN | 75-6002149 |

Threshold Questions (Not Scored)

If yes to 1, 2, or 3, this site cannot receive federal funding a new site will need to be considered

- | | |
|--|--|
| 1. Is the Subrecipient Institution presently debarred or suspended? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2. Is the Subrecipient Institution's PI presently debarred or suspended? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 3. Does the Subrecipient show "delinquent federal debt" in SAM? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |

If no to 4, 5, or 6 consider alternatives to initiating agreement:

- | | |
|--|--|
| 4. Does the Subrecipient have an acceptable accounting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Does the Subrecipient have an acceptable procurement system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 6. *If required, has the Subrecipient completed audit under A-133 or Uniform Guidance for the most recent fiscal year? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

*If entity is internationally based, A-133 audit is not required

Other Considerations (Not Scored)

- | | |
|--|--|
| 8. Has there been a PTE-issued management decision on audit findings that may affect this award? (SEE NOTES BELOW) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 9. Are there 3rd tier subawards involved in this project? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 10. Does the project include work covered by ITAR or EAR (at Subrecipient, or Subrecipient accessing at PTE?) | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 11. Is there a potential or identified conflict of interest? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 12. Is cost-share required or included? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 13. Is participant support included in the Subrecipient's budget? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 14. Does the Subrecipient have adequate experience receiving same or similar federal awards? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 15. Have other risks been identified? If yes, explain in Notes below. | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |

Notes:

Some risks are involved from this project or subrecipient- proceed with due caution and ensure subrecipient monitoring practices are adequate to cover the identified risks

PTE-issued management decision on audit findings:

Texas entities have repeated findings regarding their own subrecipient monitoring- keep a close eye out if there are 3rd tier subs here.

Institution Questions (Scored)

Score

- | | | |
|---|--|----|
| 16. Visual Compliance Check | | |
| Subrecipient is a U.S. based institution- no visual compliance required | <input type="checkbox"/> | 0 |
| 17. What is the Subrecipient Organization type? | <input type="checkbox"/> University/Hospital | 0 |
| 18. Audit: Select the most appropriate response below | | |
| A-133/UG audit has significant deficiency | <input type="checkbox"/> | 4 |
| 19. Is the Subrecipient Institution mature with experience receiving federal funds? | | |
| Subrecipient experience 10+ years | <input type="checkbox"/> | 0 |
| 20. Does the Subrecipient Institution have experience with determining conflicts of interest (evidence of an acceptable Conflict of Interest Policy)? | | |
| No | <input type="checkbox"/> | 10 |

Project Questions (Scored)

- | | | |
|--|--------------------------|---|
| 21. What is the Prime Sponsor type? | | |
| Foundation or Routine Granting Agency | <input type="checkbox"/> | 0 |
| 22. What is the Prime Award type? | | |
| Grant | <input type="checkbox"/> | 0 |
| 23. Amount of Outgoing Funds? | | |
| Outgoing Funds \$150,000 - \$649,999 | <input type="checkbox"/> | 2 |
| 24. What is the percentage of the Prime Award being subcontracted (specific to this Subrecipient—not total)? | | |
| 0-24% | <input type="checkbox"/> | 0 |
| 25. Does the work include Human Subjects, Animal Subjects, or Embryonic stem cells? | | |
| No | <input type="checkbox"/> | 0 |
| 26. What are the Subrecipient's Scope of Work/Deliverables? | | |
| The Subrecipient is responsible for tangible products | <input type="checkbox"/> | 1 |
| 27. Where is the Place of Performance? | | |
| All work will be performed at the PTE's Institution | <input type="checkbox"/> | 6 |

Assessment Performed:

| Initials | Date |
|----------|------|
| | |

Assessed Risk

Score

| | |
|-------------|----|
| Institution | 14 |
| Project | 9 |
| Total | 23 |

Drafting Stage

1. We pick a template

- Amendments
- Clinical Trial
- Federal Contracts
- Federal Grants
- JPAs
- MCA University of Colorado Boulder
- Non-Federal Grants and Contracts
- Practice Participation
- Research Service Agreements (RSAs)
- Sample SOWs
- UCH

- Attachment 7 FINAL
- Attachment 7-8 of Cost Reimbursable Foreign Subaward- NEW
- Cost Reimbursable Subaward- NEW
- Cost Reimbursable Subaward wi DUA or MTA Attachments- NEW
- Fixed Price Subaward- NEW
- Foreign Cost Reimbursable Foreign Subaward- NEW
- Foreign Fixed Price Subaward- NEW

- Cost Reimbursable Foreign Subcontract
- Cost Reimbursable Research Subcontract
- CR Clinical Trial Subcontract
- Federal Flow-Through Cost Reimbursable Research Subcontract CT
- Federal Flow-Through Cost Reimbursable Research Subcontract
- Fixed Price Clinical Trial Subcontract
- Fixed Price Foreign Subcontract
- Fixed Price Research Subcontract

- Amendment Terms - Contract (updated)
- Amendment Terms - Grant (updated)
- Federal Contract Subcontract Amendment - One Page
- New Routing Form- Fillable 2022
- Non-Federal Subcontract Amendment - One Page
- Subaward Amendment - Free Text
- Subaward Amendment - Pre-set options

- RSA 2018 (Cost Reimbursable)
- RSA 2018 (Fixed Price)
- RSA Amendment
- RSA DHHA

2. We populate a bunch of info in that template

| FDP Cost Reimbursement Subaward | | | |
|---|--|--|--|
| Federal Awarding Agency: National Institutes of Health (NIH) | | | |
| Pass-Through Entity (PTE): University of Colorado Denver Anschutz Medical Campus | | Subrecipient: The Board of Regents of the University of Wisconsin System | |
| PTE PI: Ellen Burnham | | Sub PI: Majid Afshar | |
| PTE Federal Award No: 1R01AA029855-01 | | Subaward No: FY22.580.006 | |
| Project Title: Impact of Alcohol Misuse on Cognitive and Respiratory Outcomes in COVID-19- associated Acute Respiratory Failure | | | |
| Subaward Budget Period: Start: 09/22/2021 End: 08/31/2022 | | Amount Funded This Action (USD): \$22,432.00 | |
| Estimated Period of Performance: Start: 09/22/2021 End: 08/31/2022 | | Incrementally Estimated Total (USD): \$ | |

Work Involving Human or Vertebrate Animals (Select Applicable Options)

☐ No Human or Vertebrate Animals

☒ Human Subjects

☒ Vertebrate Animals

IRB: Upon Request

IACUC: Upon Request

The PTE requires verification of IRB and/or IACUC approval be sent to the Administrative Contact as required above:

Subrecipient agrees that any non-exempt human and/or vertebrate animal research protocol conducted under this Subaward shall be reviewed and approved by the appropriate Institutional Review Board (IRB) and/or its Institutional Animal Care and Use Committee (IACUC), as applicable and that it will maintain current and duly approved research protocols for all periods of the Subaward involving human and/or vertebrate animal research. Subrecipient certifies that the appropriate IRB and/or IACUC are in full compliance with applicable state and federal laws and regulations. The Subrecipient certifies that any submitted IRB / IACUC approval represents a valid, approved protocol that is entirely consistent with the Project associated with this Subaward. In no event shall Subrecipient invoice or be reimbursed for any human or vertebrate animals related expenses incurred in a period where any applicable IRB / IACUC approval is not properly in place.

Human Subjects Data (Select One): Applicable

Human Subjects Data will be exchanged under this Subaward (check all that apply):

☐ From Subrecipient to PTE

☐ From PTE to Subrecipient

The PTE will set forth the terms of the exchange of Human Subjects Data (Select One):

☐ In Attachment 7.

Attachment 2
Federal Award Terms and Conditions

Subaward Number: FY22.580.006

Required Data Elements

The data elements required by Uniform Guidance are incorporated in the attached Federal Award.

This Subaward is:

☒ Research & Development ☐ Subject to FFATA

Awarding Agency Institute (If Applicable)

NATIONAL INSTITUTE ON ALCOHOL MISUSE AND ALCOHOLISM

Federal Award Issue Date: 09/2021

Assistance Listing No: 29.273

Assistance Listing Program Title (ALPT): Alcohol Research Programs

May be used for NOA

If you attached the NOA as Atch 6, DO NOT POPULATE

Requestform

Notice of Award/Prime

Runoff Attachment

PI's FY Spreadsheet

Work Involving Human or Vertebrate Animals (Select Applicable Options)

☐ No Human or Vertebrate Animals

☒ Human Subjects

☒ Vertebrate Animals

IRB: Upon Request

IACUC: Upon Request

The PTE requires verification of IRB and/or IACUC approval be sent to the Administrative Contact as required above:

Subrecipient agrees that any non-exempt human and/or vertebrate animal research protocol conducted under this Subaward shall be reviewed and approved by the appropriate Institutional Review Board (IRB) and/or its Institutional Animal Care and Use Committee (IACUC), as applicable and that it will maintain current and duly approved research protocols for all periods of the Subaward involving human and/or vertebrate animal research. Subrecipient certifies that the appropriate IRB and/or IACUC are in full compliance with applicable state and federal laws and regulations. The Subrecipient certifies that any submitted IRB / IACUC approval represents a valid, approved protocol that is entirely consistent with the Project associated with this Subaward. In no event shall Subrecipient invoice or be reimbursed for any human or vertebrate animals related expenses incurred in a period where any applicable IRB / IACUC approval is not properly in place.

Human Subjects Data (Select One): Applicable

Human Subjects Data will be exchanged under this Subaward (check all that apply):

☐ From Subrecipient to PTE

☐ From PTE to Subrecipient

The PTE will set forth the terms of the exchange of Human Subjects Data (Select One):

☐ In Attachment 7.

Attachment 7
Human Subjects Data Transfer and Use Terms

Human Subjects Data ("Data") will be exchanged under this Subaward (check all that apply):

☐ From Subrecipient to PTE

☐ From PTE to Subrecipient

- The Party providing the Data will be referred to as the "Provider," and the Party receiving the Data will be referred to as the "Recipient" as reflected above in this section.
- The Data to be shared will be Other (see description below)
- Provider authorizes Recipient for this project, as may be required by the Provider, to share the Data as instructed by the Provider of the Data.
- Upon completion of the Budget of the Data, Description of Data (Description of Data otherwise):
- Description of Data (Description of Data otherwise):

Select One

Protected Health Information (PHI)

Personally Identifiable Information (PII)

Limited Data Set (LDS)

De-identified

Other (see description below)

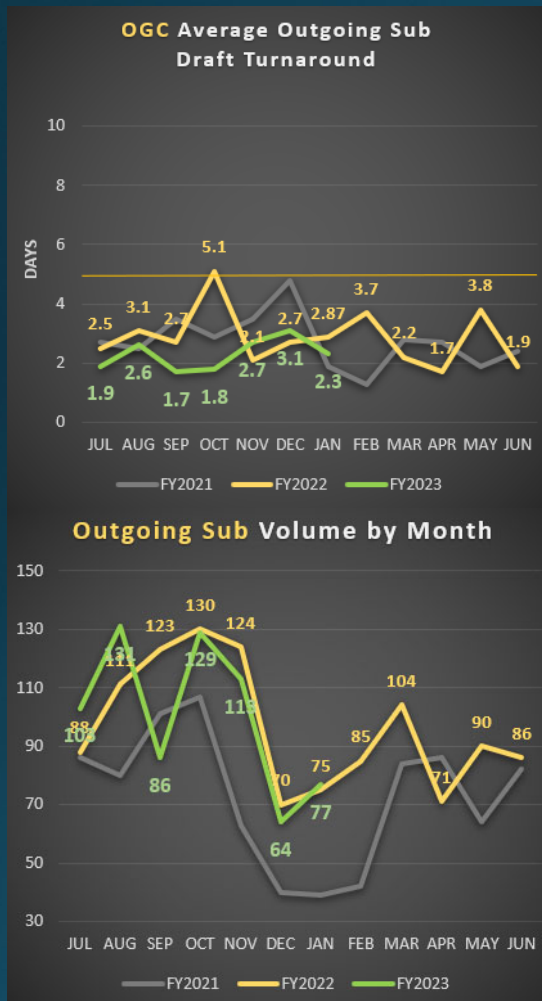
data sharing plan is Agreement.

or destroy the Data

e (1) archival copy

above; Optional

3. The email phase...



1. Draft is Ready

2. Request Post Award Approval

3. Provide Fully Executed Copy

Attached is the subcontract for [SITE]. Please let me know if you need anything else.

ROUTING PROCESS

Review the Subaward/Subcontract/Amendment for accuracy and confirm it is acceptable to both you and the Subrecipient/Subcontractor. If not, respond to this email with requested changes.

Please respond to this email and provide us with the following:

1. Obtain Subrecipient/Subcontractor signature (PI signature is no longer required)
2. Provide the partially executed document.
3. Provide the Requisition (new subcontract) or PO number (amendment).
^This step is not required for RSA or PPA agreements- DO NOT submit a requisition in Marketplace until you receive a fully executed copy of the agreement
4. Do not upload into Marketplace.

Hi Post Award,

Attached are the partially executed agreement and routing form for this subcontract or amendment- please let us know if you approve.
CU Marketplace # _____.

Liz Causey

Manager of Contracts | Office of Grants & Contracts

liz.causey@cuanschutz.edu

University of Colorado
Denver | Anschutz Medical Campus

Attached you will find:

- 1) A fully executed version of the subcontract or amendment you have requested
- 2) An internal routing form that includes subrecipient monitoring requirements, instructions, and resources
- 3) A Risk Assessment Questionnaire (if applicable) that highlights some of the risks for this project and site so you can have this insight for your subrecipient monitoring responsibilities

Thanks!

Liz Causey

FAQ: When should I contact Change Order in the PSC to change a PO related to a Sub Amendment?

All changes to money or time for Subcontract SPOs require the approval of our OGC subs team and we always loop in your OGC post award team for advisement before making any changes in Marketplace.

All changes to a Sub SPO in Marketplace must match the latest fully executed amendment on file or a new amendment will need to be initiated.

Contacting Change Order in advance of requesting this amendment just duplicates the change request we will accomplish during the execution of the amendment you request.

TL;DR: Never!

Subrecipient Monitoring

- <https://research.cuanschutz.edu/ogc/home/ogc-teams/contracting/OGCContracts/subcontracts#ac-subrecipient-monitoring-documents-3>

Subrecipient Monitoring Documents

- [Subcontract Determination Checklist](#)
- [Subcontract Monitoring Invoice Checklist](#)
- [Subcontract Monitoring Record](#)
- [Subrecipient Monitoring Letter](#)