

UI Subaward Initiation Form (FORM I)

UI Department completes Part I, sends to Subrecipient to complete remaining and applicable Parts.
Completed Form I is an attachment requirement for NEW subaward requests.

Subrecipients of University of Iowa (UI) funds are required to submit certain information based on university, state and/or federal

policy. This document comprises 6 parts:

Part I: "UI Project Information" to be completed by UI Department*

Part II: "Subrecipient Information" to be completed by Subrecipient*

Part III: "Audit Information" to be completed by Subrecipient, when applicable

Part IV: "Promoting Objectivity in Research (COI)" to be completed by Subrecipient, when applicable

Part V: "FFATA" To be Completed by Subrecipient, when applicable

Part VI: "Signature and Submission" by Subrecipient*

*denotes 'required'

Part I: UI Project Information; to be completed by UI Department*

For each subaward/subcontract request, UI Department will complete Part I, email to Subrecipient for final completion, then attach to the eDSP Outgoing Subaward Request.

A. UI (Pass Through Entity"PTE") PROJECT INFORMATION	
PART A.i. UI PI: Prime Sponsor: Project Title: Grant Program #: UI Department Contact email:	PART A.ii. Yes No Prime Sponsor is a federal agency
B. SUBRECIPIENT PROJECT INFORMATION	
Subaward Amount (current increment):	Subaward Budget Period: Subaward Project Period:

See Page 2 for Part II: Subrecipient Information

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Part II: Subrecipient Information; to be completed by Subrecipient*

For each subaward/subcontract request, the Subrecipient will complete the remaining applicable sections and return to the UI ("PTE") Contact listed in Part I.A via email. This form will be required before draft of subaward/subcontract is issued.

A. SUBRECIPIENT CONTACT INFORMATION	
Place of Performance: Street Addr: City, St & Zip: Email: _____ Tel: _____	Financial Contact Name: Street Addr: City, St & Zip: Email: _____ Tel: _____ Is this the remittance address: <input type="checkbox"/> Yes <input type="checkbox"/> No
Spon. Prog. Admin. Contact: Street Addr: City, St & Zip: Email: _____ Tel: _____	Auth. Official Name: Street Addr: City, St & Zip: Email: _____ Tel: _____
Subrecipient PI: Street Addr: City, St & Zip: Email: _____ Tel: _____	Comments:
B. FDP EXPANDED CLEARINGHOUSE	
<input type="checkbox"/> Yes <input type="checkbox"/> No Subrecipient participates in the FDP Expanded Clearinghouse (NOTE: This is NOT the same as the FDP COI Clearinghouse . If 'Yes', the form is complete. Proceed to Part VI: Submission Click link for FDP Expanded Clearinghouse to check if your institution participates in the Expanded Clearinghouse.) If 'No', proceed to Part III	

Part III: Audit Information; to be completed by Subrecipient based on the following criteria:

Part II.B. [FDP Expanded Clearinghouse](#) = NO

A. SUBRECIPIENT INSTITUTION INFORMATION	
Empl. ID No. (EIN), US Entities only: Dun and Bradstreet Number (DUNS):	Congressional District of Place of Performance (ex: IA-002): Institution Type:
B. AUDIT QUESTIONNAIRE	
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. Accordingly, please check the appropriate response (1 or 2) and provide the required documents:	
<input type="checkbox"/> 1. Subrecipient has completed a Single Audit in accordance with 2 CFR Part 200-Supart F for fiscal year:	
Fiscal year from MM/DD/YYYY: _____ to MM/DD/YYYY: _____ A copy of our Audit or Corrective Action Plan is attached or can be found at the following URL:	
<p style="text-align: center;">OR</p> <input type="checkbox"/> 2. Subrecipient is NOT subject to the provisions of OMB Circular A-133 or CFR Part 200-Supart F because:	
<input type="checkbox"/> Organization is For-Profit or Foreign	
<input type="checkbox"/> Organization received less than \$500,000 as described in OMB Circular A-133 OR \$750,000 as described in the 2 CFR 200.110(b) and 2 CFR 200.501(a) guidance. (Applicable guidance determined by current fiscal year)	
<input type="checkbox"/> Other – explain:	
Signature**: _____	Date: _____
Name & Title: _____	

**Signature may be electronic or hardcopy (ink)

Part IV: Promoting Objectivity in Research (COI); to be completed by Subrecipient based on all the following criteria:

[FDP Expanded Clearinghouse Pilot](#) = **NO**

Prime Sponsor is Federal = **YES** (See [PART I.A.ii](#))

Prime Sponsor is PHS or NSF = **YES** (See [PART I.A.iii](#))

Subrecipient is not listed on UI Routing Form = **NO** (See [PART I.A.iv](#))

A. FINANCIAL CONFLICT OF INTEREST	
Yes <input type="checkbox"/>	No <input type="checkbox"/> Subrecipient is listed on the FDP COI Clearinghouse

Part V: Federal Funding Accountability and Transparency Act (FFATA); to be completed by Subrecipient based on the following criteria:

[FDP Expanded Clearinghouse](#) = **NO**

Prime Sponsor is Federal = **YES** (See [PART I.B](#))

A. Highest Compensated Officers	
The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity 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.	
<input type="checkbox"/> Yes <input type="checkbox"/> No Subrecipient is currently registered in the System for Award Management (SAM.gov)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Subrecipient is exempt from reporting compensation (FFATA)	
Officer 1 Name:	Officer 2 Name:
Officer 1 Compensation:	Officer 2 Compensation:
Officer 3 Name:	Officer 4 Name:
Officer 3 Compensation:	Officer 4 Compensation:
Officer 5 Name:	
Officer 5 Compensation:	

Part VI: Submission* (signature not required)

Name of Subrecipient Submitter Completing FORM I

Email of Subrecipient Submitter Completing FORM I

Please return this Form I and any applicable attachments via email to the UI Department Contact listed below: