November 2011 FDP Research Subaward Agreement		
Institution/Organization ("Prime Recipient")	Institution/Organization ("Subrecipient")	
Name:	Name:	
Prime Award No.:	Subaward No.: CFDA #:	
Awarding Agency:	Amount Funded This Action: Est. Total (if incrementally funded)	
Subaward Period of Performance: Budget Period: From: To:	Estimated Project Period (if incrementally funded): From: To:	
Project Title:		
Reporting Requirements (Check here if applicable: See Attachment 4)	FFATA (Attachment 3B) ARRA Funds (Attachment 4A)	
Terms	& Conditions	
 subaward are (check one): As specified in Subrecipient's proposal data its performance of the subaward work, Subrecipient shall be an indepen 2) Prime Recipient Shall reimburse Subrecipient not more often than m standard invoice, but at a minimum shall include current and cumulativ 		
cerning invoice receipt or payments should be directed to the appropria		
3) A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to Prime Recipient's Contact, as shown in Attachments 3A and 3B, NOT LATER THAN sixty (60) days after subaward end date. The final statement of costs shall constitute Subrecipient's final financial report.		
4) All payments shall be considered provisional and subject to adjustme as a result of an adverse audit finding against the Subrecipient.	ent within the total estimated cost in the event such adjustment is necessary	
5) Matters concerning the technical performance of this subaward shou Attachments 3A and 3B. Technical reports are required as shown above	Id be directed to the appropriate party's Principal Investigator, as shown in e, "Reporting Requirements".	
changes requiring prior approval, should be directed to the appropriate	terms, conditions, or amounts cited in this subaward agreement, and any e party's Contact, as shown in Attachments 3A & 3B. n approval of each party's Authorized Official as shown in Attachments 3A & 3B.	
Each party shall be responsible for its negligent acts or omissions and extent allowed by law.	d the negligent acts or omissions of its employees, officers, or director's, to the	
	tice to the appropriate party's Contact as shown in nation costs as allowable under OMB Circular A-21 or A-122 or 45 CFR Part 74 nd Development under Grants and Contracts with Hospitals" as applicable.	
	requests for a no-cost extension should be addressed to and received by the t less than thirty (30) days prior to the desired effective date of the requested	

change.

10) The Subaward is subject to the terms and conditions of the Prime Award and other special terms and conditions, as identified in Attachment 2.

11) By signing below Subrecipient makes the certifications and assurances shown in Attachments 1 and 2. Subrecipient also assures that it will comply with applicable statutory and regulatory requirements specified in the Research Terms & Conditions Appendix C found at http://nsf.gov/bfa/dias/policy/rtc/appc_june11.pdf.

By an Authorized Official of Prime Recipient		By an Authorized Official of Subrecipient	
	Date		Date

Attachment 1 Research Subaward Agreement Certifications and Assurances

By signing the Subaward Agreement, the authorized official of Subrecipient certifies, to the best of his/her knowledge and belief that:

Certification Regarding Lobbying

1) 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending 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 Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying", to the Prime Recipient.

3) The Subrecipient shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$10,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters

Subrecipient certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

OMB Circular A-133 Assurance

Subrecipient assures Prime Recipient that it complies with A-133 and that it will notify Prime Recipient of completion of required audits and of any adverse findings which impact this subaward.

Attachment 3A Research Subaward Agreement

Subaward Number:

-	Dient Contacts
Institution/Organization ("Prime Recipient")	
Name:	
Address:	
-	
City:	State: ZipCode:
Administrative Contact	
Name:	
Address:	
City:	State: ZipCode:
Telephone:	Fax:
Email:	_
Principal Investigator	
Name:	
Address:	
City:	State: ZipCode:
Telephone:	Fax:
Email:	
Financial Contact	
Name:	
Address:	
City:	State: ZipCode:
Telephone:	Fax:
Email:	
Authorized Official	
Name:	
Address:	
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City:	State: ZipCode:
Telephone:	Fax:
Email:	
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