



PROJECT SPECIFIC QUESTIONNAIRE
FDP Expanded Clearinghouse Participant

Subrecipients who participate in the FDP Expanded Clearinghouse should complete this questionnaire. To determine if your organization is a participant, select "Find an Organization" at https://fdpclearinghouse.org.

Form with fields: Pass-Through Entity (PTE):, Subrecipient:, PTE PI:, Sub PI:, PTE Federal Award No:, Project Title:, Subaward Period of Performance (Budget Period): Start: End:, Amount Funded This Action (USD): \$, Estimated Project Period (if incrementally funded): Start: End:, Incrementally Estimated Total (USD): \$

SECTION A – Classification & Eligibility

1. Subrecipient or Contractor

UH views a subrecipient organization as a true partner in carrying out a sponsored project. The requirements and responsibilities of a UH subrecipient are different from that of a contractor. The following chart outlines the general differences (refer to 2 CFR §200.331 for additional criteria):

Table with 2 columns: Subrecipient, Contractor. Rows describe differences in PI role, compliance requirements, audit reports, and ancillary services.

Yes No My organization is properly categorized as a subrecipient as described above and agrees to the project roles, compliance responsibilities, and audit requirements listed above.

If No, please contact the UH PI about procuring your organization's products and services as a contractor.

SECTION B – Budget Information

1. Facilities and Administrative Rates included in this proposal have been calculated based on:

An F&A rate of ____% is being applied to this subaward. This rate is:

- Subrecipient's federally negotiated F&A rate.
A de minimis rate because Subrecipient does not have a federally negotiated F&A rate.
A sponsor-imposed cap or reduced rate.
A reduced rate voluntarily designated by Subrecipient.
Subrecipient voluntarily waives its right to indirect costs.

Note: A reduced rate or waiver will not be allowed if prohibited by any applicable award terms and conditions.

2. **Fringe-Benefit (FB) Rates** included in this proposal have been calculated based on the following:

Rates is consistent with or lower than subrecipient's federally negotiated rates

Based on actual rates or other rates (*Please specify the basis on which the rate has been calculated in Section E, p.3*)

Not applicable (*no fringe benefits included*)

3. **Cost Sharing** **yes** **no** **Amount:** _____

If yes, cost sharing amounts and justification must be included in the subrecipient's budget.

SECTION C – Regulatory Requirements

1. **Human Subjects** **yes** **no**

If yes, respond to the following:

- a. Provide IRB approval status
received (attach approval letter) pending (provide approval letter upon receipt)
- b. Human Subjects Data will be exchanged under the Subaward (check all that apply)
from subrecipient to UH from UH to subrecipient
- c. UH will set forth the terms of the exchange of Human Subjects Data
via a separate Data Use Agreement (attach agreement)

2. **Animal Subjects** **yes** **no**

If yes, provide IACUC approval status:

received (attach approval letter) pending (provide approval letter upon receipt)

3. **Biological Safety** **yes** **no**

If yes, provide IBC approval status:

received (attach approval letter) pending (provide approval letter upon receipt)

4. **Responsible Conduct of Research (RCR)** (*Check one of the boxes below*)

Not applicable because this project is not being funded by NSF, NIH or USDA-NIFA or any other sponsor that has RCR requirements.

Subrecipient certifies that it maintains an Institutional Plan that meets the sponsor's requirements for RCR training.

Subrecipient does NOT have an Institutional RCR training plan and agrees to abide by UH's Institutional RCR training plan.

[\(UH RCR Institutional Plan\)](#)

5. **Export Controls** (*Check one of the boxes below*)

Does this project involve export controlled items (e.g., data, information, technology) that will be created or shared by the subrecipient?

Yes If yes, refer to UH's [Office of Export Controls](#) for policy/information and attach all required forms.

No

6. **Research Misconduct** (*Check one of the boxes below*)

Not applicable because this project is not being funded by Public Health Services (PHS).

Subrecipient certifies that it has an established, written and enforced policy on research misconduct/research integrity that is consistent with 42 CFR 93.

Subrecipient does not have an established, written and enforced policy on research misconduct/research integrity that is consistent with 42 CFR 93, and agrees to abide by UH's Executive Policy 12.211 [Policy for Responding to Allegations of Research and Scholarly Misconduct](#).

7. State of Hawaii Tax Clearance *(Check one of the boxes below)*

Subrecipient has provided, or will provide prior to execution of the subaward by UH, a current tax clearance from the State of Hawaii Director of Taxation and United States Internal Revenue Service as required by Hawaii law (Hawaii Revised Statutes (HRS) §103-53(c)). Tax clearances are only valid for six months from date of issue. A current tax clearance must also be provided before final payment can be made.

Subrecipient is not required to provide UH with a tax clearance because the total amount of the subaward is less than \$25,000 (HRS §103-53(e) (1)). A current tax clearance will be required if the subaward increases to \$25,000 or more.

Subrecipient is not required to provide a tax clearance to UH because subrecipient is a government agency (HRS §103-53(e) (5)).

NOTE: Subrecipients who fail to obtain their tax clearance in a timely manner may have payments delayed. Any work performed prior to receipt of a tax clearance is at subrecipient's own risk.

SECTION D – Audit & Financial Information

1. Subrecipient certifies that during the most recent fiscal year:

It has not been cited for noncompliance either as a subrecipient of another organization or as a direct recipient of federal funds.

Project personnel and / or systems have not undergone significant changes.

SECTION E – Comments

Attach additional pages if necessary.

(Type or print name and title of Authorized Official)	(Date)
(Name of Subrecipient's Organization/Institution)	(Email)