   
PHSA FAS #: Click or tap here to enter text.

*Subgrant Agreement Questionnaire*

In order to prepare/evaluate the requested agreement, please provide answers to the following questions.   
If you have any questions, please do not hesitate to contact [TDOAdmin@phsa.ca](mailto:TDOAdmin@phsa.ca)

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| **PHSA** | **OTHER PARTY NAME**: Click or tap here to enter text. |
| PHSA PI Name: Click or tap here to enter text.  Email address: Click or tap here to enter text.  Admin/Project Manager Name:  Click or tap here to enter text.  Admin/Project Manager Email Address:  Click or tap here to enter text. | PI Name: Click or tap here to enter text.  Email Address: Click or tap here to enter text.  Contact Name, if different from PI:  Click or tap here to enter text.  Contact Email Address, if different from PI:  Click or tap here to enter text. |
| **OTHER PARTY SECURITY DETAILS** | |
| Other Party is listed on the [Government of Canada Named Research Organizations (NRO)](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/named-research-organizations) OR the [Consolidated Canadian Autonomous Sanctions List](https://www.international.gc.ca/world-monde/international_relations-relations_internationales/sanctions/consolidated-consolide.aspx?lang=eng#dataset-filter)?  *Note: the government of Canada updates these lists on a regular basis; please check with each new Questionnaire.*  Yes – **if selected, stop here, and contact TDO**  No | |
| **SUBGRANT DETAILS** | |
| Granting Agency is a US Federally Funded Agency:  Yes – **please ensure to also complete and sign page 4**  No  Granting Agency Name: Click or tap here to enter text.  Prime Agreement contract number: Click or tap here to enter text.  Grant Project Title: Click or tap here to enter text.  Entire Grant Term: Start Date: Click or tap here to enter text.  End Date: Click or tap here to enter text.  Total Grant Budget: Click or tap here to enter text.   CAD  USD  OTHER: Click or tap here to enter text. | ☐ Initial Subgrant  ☐ Amendment – Subsequent Year of Subgrant  ☐ Amendment – Other: Click or tap here to enter text. |
| ☐ PHSA is Prime Awardee (to supply funds to Other Party)  ☐ PHSA is Subgrantee (to receive funds from Other Party) |
| Subgrant Term: Start Date: Click or tap here to enter text.  End Date: Click or tap here to enter text.  Subgrant Budget: Click or tap here to enter text.  ☐ CAD  ☐ USD  ☐ OTHER: Click or tap here to enter text. |
| Have you sent/received the Subgrant funds already?  ☐ Yes – When? Click or tap here to enter text.  ☐ No |

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| **CHECK LIST - Please append:** | | | |
|  | Yes | N/A | Or please clarify otherwise |
| Notice of Award (*NOA is issued to the Prime Awardee; you may need to request a copy from the Other Party)* |  |  | Click or tap here to enter text. |
| Statement of Work |  |  | Click or tap here to enter text. |
| Budget |  |  | Click or tap here to enter text. |
| Form 101 (if applicable) |  |  | Click or tap here to enter text. |
| Grant Agreement |  |  | Click or tap here to enter text. |
| Research Ethics Certificate |  |  | Click or tap here to enter text. |
| Previous related Subgrant (if applicable) |  |  | Click or tap here to enter text. |
| Related Data/Material Transfer Agreement(s) (if applicable) |  |  | Click or tap here to enter text. |

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| **ADDITIONAL INFORMATION** | |
| 1. | **Data/Material.** Are data/material being transferred as part of this Subgrant?  ☐ Yes - Please provide more information (e.g. has an agreement been signed?): Click or tap here to enter text.  ☐ No |
| 2. | **Related Agreements.** If applicable, provide information on any related agreements to this Subgrant that is not already listed above.  Click or tap here to enter text. |
| 3 | **Additional Information.** Provide any information that you feel will be useful for preparing the Subgrant (e.g. publication, intellectual property or any requirements/details you wish to be included in the Subgrant).  Click or tap here to enter text. |
| 1. **Complete if PHSA is the PRIME AWARDEE (sending funds to Other Party)** | |
| 1. | **Payment.** How is payment being made?  ☐ Lump Sum ☐ In Arrears ☐ Reimbursement  ☐ Other - Please provide details: Click or tap here to enter text. |
| 2. | **Invoices.** Are invoices required to receive payment?  ☐ Yes – Please provide any specific details that need to be included on invoice: Click or tap here to enter text.  ☐ No |
| 3 | **Payment Frequency.** Payment Schedule?  ☐ Upon execution of Subgrant ☐ Quarterly ☐ Annually ☐ As a Reimbursement  ☐ Other -Please provide details: Click or tap here to enter text. |
| 4. | **Reporting.** Other Party (a.k.a. “Subrecipient”) scientific & financial reports due:  ☐ Monthly ☐ Quarterly ☐ Annually ☐ Specific dates: Click or tap here to enter text.  ☐ Other - Please provide details: Click or tap here to enter text. |
| 5. | **Publication.** Can the results be published?  ☐ Yes – Do you require an advance copy of the publication for review? ☐ Yes ☐ No  ☐ No |
| 6. | **Funding Obligations.** Are there any obligations, restrictions or encumbrances from the Granting Agency from which the Subgrant funds originate?  ☐ Yes – Please provide details: Click or tap here to enter text.  ☐ No |
| 1. **Complete if PHSA is the SUBRECIPIENT (receiving funds from Other Party)** | |
| 1. | **Description.** Please provide a brief description of the research project. Please submit additional files as needed.  Click or tap here to enter text. |
| 3. | **Other Funding.** Will the Subgrant funds be used in conjunction with funding from other parties?  ☐ Yes – (i) Who is the other funding agency? Click or tap here to enter text.  (ii) Was an agreement signed for these funds? ☐ Yes – Please submit if available  ☐ No – Please clarify why not: Click or tap here to enter text.  ☐ No |
| 4 | **Location.** Where will the research project occur (physical location, e.g. lab at BCCRC/VCH/BCCH)?  Click or tap here to enter text. |
| 5. | **Publication.** Do you intend to publish your findings?  ☐ Yes – Are you willing to provide an advance copy to the other party for review? ☐ Yes ☐ No  ☐ No |
| 6. | **Students.** Will students be using the Funding?  ☐ Yes – Will this work be part of a thesis? ☐ Yes ☐ No  ☐ No |

**Continue to page 4 if Granting Agency is a US Federally Funded Agency**

- Otherwise, this is the end of the Subgrant Agreement Questionnaire -

**Complete this page only if the Granting Agency is a US Federally Funded Agency**

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| ***For all awards*** | Yes | No | Or please clarify otherwise |
| Investigator Agreement. Please fill in the award and project details. TDO will arrange signatures for each PHSA Principal, Co- and Collaborating Investigator on the project. Note: the Investigator Agreement is effective for the entire duration of the project/award and only need to be completed once. |  |  | Click or tap here to enter text. |
| Have you received from the Subrecipient (if you are the Prime Awardee and Subrecipient is not in the U.S.) OR provided to the Prime Awardee (if you are the Subrecipient) lab notebooks, data, and/or other documentation that supports the research outcomes with a frequency of no less than once per year in alignment with the timing requirements of the reports to the funder?  *NIH requirement for foreign (non-U.S.) subrecipients, effective January 1, 2024 (*[*https://grants.nih.gov/grants/guide/notice-files/NOT-OD-23-182.html*](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-23-182.html)*)* | ☐ | ☐ | Click or tap here to enter text. |
| ***For awards where PHSA is the Prime Awardee*** | Yes | No | Or please clarify otherwise |
| Subrecipient is a listed institution on the FDP Clearing House website ([Federal Demonstration Partnership Expanded Clearinghouse](https://fdpclearinghouse.org/organizations)) |  |  | Click or tap here to enter text. |
| Subrecipient has current audit deficiencies noted in its current Single Audit Report. |  |  | If YES, please provide details: Click or tap here to enter text. |
| Please append Subrecipient’s **current** SEFA Single Audit Report **OR** a screenshot of the Audits tab from the FDP Clearing House website if Subrecipient is listed on the FDP Clearing House website |  |  | Year: Click or tap here to enter text. |
| Subrecipient’s FCOI policy is compliant with the Funding Agency |  |  | Click or tap here to enter text. |
| Please append a screenshot of the Certifications tab from the FDP Clearing House website if Subrecipient is a listed institution on the FDP Clearing House website **OR** a confirmation from the Subrecipient’s grants office that Subrecipient’s FCOI policy is compliant with the Funding Agency |  |  | Click or tap here to enter text. |

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| By my signature below, I certify that the information above is accurate and complete | | | |
|  | Name | Signature | Date |
| Project Manager |  |  |  |
| Principal Investigator |  |  |  |

- End -