

SUBRECIPIENT ENTITY QUESTIONNAIRE

ORGANIZATION LEGAL NAME: _____

ORGANIZATION TYPE: (CHECK ALL THAT APPLY) US DOMESTIC FOREIGN (NON US)

HIGHER EDUCATION SCHOOL DISTRICT (K-12) PRIVATE INDUSTRY NON-PROFIT

FOUNDATION TRIBAL ENTITY FOREIGN GOVERNMENT STATE AND LOCAL GOVERNMENT

OTHER (Please describe): _____

OFFICIAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP (+4): _____ - _____ COUNTRY: _____

DUNS NUMBER: _____ EIN NUMBER: _____

Organization is registered in System for Award Management (S.A.M.)? YES Expiration Date: _____ NO

SECTION A – CERTIFICATIONS

1. Facilities and Administrative (F&A) Rates

The F&A rates applied to Organization’s awards have been calculated based on:

- Federally-negotiated F&A rates (Please provide a copy of rate agreement).
- No federally-negotiated rate and we hereby agree to accept the 10% de minimis MTDC rate as a Subrecipient per 2 CFR 200.414 (f)
- No federally-negotiated rate and accept rate limitations governed by Prime Funding Agency
- Other rates (please specify below the basis on which the rate has been calculated):

2. Fringe Benefit Rates

The fringe benefit rates applied to Organization’s awards have been calculated based on:

- Federally-negotiated fringe benefit rates (Please provide a copy of rate agreement).
- Actual fringe benefit rates
- Other rates (please specify below the basis on which the rate has been calculated):

3. Conflict of Interest Compliance

Organization hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of **National Science Foundation (NSF)** Award & Administration Guide Chapter IV.A,

Organization hereby certifies that it has an active and enforced policy on conflict of interest consistent with the provision of 42 CFR Part 50 Subpart F. This compliance applies to all **Public Health Service (PHS)** agencies AND **Non-PHS** Agencies found at: http://sites.nationalacademies.org/PGA/fdp/PGA_070596.

Please provide link here or provide copy of policy with this form:

Organization does not have an active and/or enforced financial conflict of interest (FCOI) policy that complies with **NSF** and/or **PHS** FCOI regulations. We hereby request that our investigators be permitted to make financial interest disclosures to the UW in accordance with the UW’s FCOI policy when required . Use of UW’s FCOI policy requires the prior written permission of the UW, which will be granted only in exceptional cases. All requests to use the UW FCOI policy should be directed to the UW Office of Research, research@uw.edu, 206-616-0804.

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4. Debarment, Suspension, Proposed Debarment

Is the Organization, any of its employees, and/or students currently debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities?: YES NO

If YES, please explain below. NOTE: Subawards to any entity or individual included in the Federal Excluded Parties are prohibited.

If NO, Organization hereby certifies that it (please check ALL that apply):

- is not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.
- is not presently indicted for, or otherwise criminally or civilly charged by a government agency.
- has not within three (3) years preceding, 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 (federal, state, or local) contract or subcontract; 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.
- has not within three (3) years preceding, had one or more contracts terminated for default by any federal agency.

SECTION B - AUDIT STATUS

❖ Please enter Organization's FISCAL YEAR END DATE (mm/dd): ____/____

FOR US DOMESTIC Organizations subject to Uniform Guidance §200.514 (formerly OMB A-133) Single Audit requirements

- We have completed our audit for the most recent fiscal year. There were **NO significant deficiencies, material weaknesses, questioned costs, or findings**. A copy of our audit report is attached with this form or can be found at this website:

- We have completed our audit for the most recent fiscal year. There were **significant deficiencies, material weaknesses, questioned costs, or findings disclosed**. A copy of our audit report is attached with this form or can be found at this website:

- We have not yet completed our audit for the most recent fiscal year. We expect that the audit report will be completed by this date: _____. **We will send written notification and a copy of the audit report within thirty days of its completion.**

****SKIP SECTION C AND PROCEED TO SIGNATURE BOX AT END OF FORM****

FOR US DOMESTIC OR FOREIGN Organizations NOT subject to of Uniform Guidance §200.514 (formerly OMB A-133) Single Audit requirements

--- Please check A through C as applicable and proceed to SECTION C ---

- A. We are a **US domestic organization** not subject to the audit requirements of Uniform Guidance because we (CHECK ALL THAT APPLY):
- are a **U.S. federal government agency**
 - did not expend \$750,000 or more in U.S. federal funds during the latest completed fiscal year
 - are a for-profit organization

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- B. We are a **foreign (non-US based) organization** not subject to the audit requirements of Uniform Guidance and:
- did not expend \$750,000 or more in U.S. federal funds during the latest completed fiscal year
 - OR
 - did expend \$750,000 or more in U.S. federal funds during the latest completed fiscal year
- C. We have completed a general financial or financial statement audit for the most recent fiscal year. (Please provide a copy with this form)
- We have completed a program-specific audit or an audit meeting the requirements of Uniform Guidance on all our organization's US federal expenditures. (Please provide a copy with this form)
- We have not been audited by a U.S. Government agency or by an independent public auditing firm.

SECTION C – AUDIT QUESTIONNAIRE
For Organizations Not Subject to Uniform Guidance §200.514 (formerly OMB A-133)

Check all as applicable

1. General Information

- Yes No The organization has its financial statements reviewed or audited by an independent public accounting firm.
- Yes No The organization represents that it has not been the subject of a for-cause audit or similar investigation inquiry or review within the last two years by a government agency or independent public accountant.
- Yes No Responsibilities are separated between multiple persons within your organization so that no one individual has complete authority over an entire financial transaction.
- Yes No The organization has effective controls to prevent expenditure of funds in excess of approved, budgeted amount.

2. Cash Management

- Yes No All cash disbursements within organization are fully documented with evidence of receipt of goods or performance of services.
- Yes No The organization's bank accounts are reconciled monthly.
- Yes No The organization has a cash forecasting process that will minimize the time elapsed between the drawing down of funds and the disbursement of those funds.

3. Payroll

- Yes No Payroll charges are checked against program budgets.
- Yes No The organization has an effective system to control paid time charged to sponsored agreements. Please briefly describe or provide online link:

4. Procurement

- Yes No The organization has procedures in place to ensure procurement at competitive prices.
- The organization has an effective system for authorization and approval of:
- capital equipment expenditures
 - travel expenditures
 - vendor and subcontractor expenditures

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5. Property Management

Yes No The organization requires detailed records of individual capital assets kept and periodically balanced with the general ledger accounts.

Yes No The organization has effective procedures for authorizing payment and accounting for the disposal of property and equipment.

Yes No The organization periodically conducts a physical inventory against detailed property records.

Yes No The organization has written policies concerning capitalization and depreciation.
Please briefly describe or provide online link:

[Empty text box for description or link]

6. Cost Transfer

Yes No The organization has a system to ensure that all cost transfers are legitimate and appropriate.
Please briefly describe or provide online link:

[Empty text box for description or link]

7. Cost Sharing

Yes No The organization have an effective system for tracking and determining that it has met any cost sharing goals required for a project.
Please briefly describe or provide online link:

[Empty text box for description or link]

8. Compliance – FOR US DOMESTIC ORGANIZATIONS ONLY

Yes No N/A The organization has adopted a written policy of nondiscrimination and a system for complying with United States federal civil rights requirement.

Yes No N/A If organization enters into agreements for work or research to be performed outside of the United States, the organization has systems in place to assure compliance with the Foreign Corrupt Practices Act or applicable local laws, including a system to prevent and detect improper payments made to government officials to allow or procure work and research opportunities for or on behalf of organization.

ORGANIZATION'S AUTHORIZED OFFICIAL REPRESENTATIVE APPROVAL

The information and certification above have been read, signed and made by an authorized official of the Organization named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Organization's own risk.

Signature of Organization's Authorized Official

Date

Name and Title of Authorized Official (Print)

Phone

Email