**Subrecipient Questionnaire**

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| **Section A - Core Information: All Subrecipients must complete this information** |

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| Project Information |
| RFSUNY PI: | Subrecipient PI:  |
| Prime Sponsor:  | Project Title:  |
| Period of Performance: - | Amount Requested: $ |

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| Subrecipient Information [ ]  FDP Expanded Clearinghouse Participant: (insert profile link here)  |
| Legal Name:  | Type of Organization:  |
| DUNS/UEI: | EIN: |
| Business Address:  | Place of performance (if different from Business Address): Zip code+4:  |

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| **Proposal Documents** (check as applicable)The following documents are included in the proposal and covered by the certifications below  |
| **Required Components**[ ]  Statement of Work[ ]  Detailed Budget[ ]  Budget Justification  | **As applicable or per sponsor requirements**[ ]  Key Personnel Biosketches[ ]  Current & Pending Support[ ]  Cost Share: $\_\_\_\_\_\_ (Budget must be included)[ ]  Other:  |

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| **Compliance Information**  |
| Human or Vertebrate Animal Subjects [ ]  Human Subjects Approval Date: Pending [ ]  FWA#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Animal Subjects Approval Date: Pending [ ]  PHS/OLAW#:\_\_\_\_\_\_\_\_\_\_*Subrecipient’s IRB and/or IACUC approval must be provided to RFSUNY prior to issuance of a subaward* |

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| **Certifications**  |
| **PI Debarment and Suspension:** The Subrecipient certifies that the Subrecipient entity, PI AND ALL OTHER EMPLOYEES OR STUDENTS PARTICIPATING IN THIS PROJECT or the Subrecipient: (answer all questions below):[ ]  **are**  [ ]  **are not** presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts [ ]  **are** [ ]  **are not** presently indicted for, or otherwise criminally or civilly charged by a government entity[ ]  **have**  [ ]  **have not** within three (3) years preceding this offer, been convicted of or had a civil judgment 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 of 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** [ ]  **has not** within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency  |
| **Export Control:**[ ]  **Yes** [ ]  **No** Subrecipient hereby certifies that neither it nor any persons or entities (paid or non-paid) participating in this project are prohibited/denied persons or entities under the federal export control regulations.  |
| **Responsible Conduct of Research:** [ ]  Yes [ ]  NoSubrecipient certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with prime awarding agency’s RCR requirements. |

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| **SUBRECIPIENT SIGNATURE**Should the Research Foundation’s risk assessment indicate the potential need, the Foundation reserves the right to conduct additional monitoring by:* requesting and reviewing audit reports
* performing random audits
* performing site visits to observe program operations
* reviewing financial records
* other actions as necessary

By signing below the subrecipient certifies that the information (including attachments), certifications (as applicable) and representations above have been made by an authorized official of the Subrecipient named, attesting to its accuracy and completeness. Subrecipient agrees that should any of the information entered above change for any reason the Subrecipient will notify RFSUNY of any and all such changes. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy 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 Subrecipient’s own risk.**  Signature of Subrecipient’s Authorized Official Date:  Name and Title of Authorized Official  Email Phone  |

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**If Subrecipient is NOT an FDP Expanded Clearinghouse Member please continue to Section B**

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| *For RF Internal Use Only* |
| [ ]  FDP Expanded Clearinghouse verified[ ]  Single Audit reviewed [ ]  No debarment/suspension concernsComments/Concerns:  | [ ]  All necessary information provided [ ]  Subrecipient is in compliance with all requirements**Proceed with Subaward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**RF Sponsored Programs Official |

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| **Section B – Non-FDP Expanded Clearinghouse Entity Information****Must be completed by all subrecipients NOT in the FDP Expanded Clearinghouse** |

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| **Entity Information** |

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| Active SAM.gov registration: [ ]  Yes [ ]  No | SAM.gov Expiration Date:  |
| CAGE Code: |  |
| Is Subrecipient owned or controlled by a parent entity: [ ] Yes [ ]  No |
| If Yes, Parent Entity Legal Name:Parent Entity Address: Parent Entity DUNS/UEI:Parent Entity EIN:  |

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| **Rate Information** |

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

[ ]  Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.

 [ ]  A copy of our F&A rates is attached

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 [ ]  Our rate agreement is publicly available at:

[ ]  Not applicable – Subrecipient is not requesting payment of F&A costs

[ ]  We have applied other rates as required by the prime sponsor policy/guidlines

[ ]  Other rates (please specify):

**Fringe Benefit Rates** included in this proposal have been calculated based on:

[ ]  Rates consistent with or lower than our federally-negotiated rates.

 [ ]  A copy of our Fringe Benefit rate agreement is attached

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 [ ]  Our rate agreement is publicly available at:

[ ]  Other (please specify):

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| **Additional Certifications** |
| **Lobbying (for U.S. federal projects only):** [ ]  **Subrecipient certifies** [ ]  **Subrecipient does not certify** that no payments have been paid or will be paid 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 this proposed project. (If does not certify is checked, attach explanation.)  |
| **Conflict of Interest (for PHS funded subawards):**[ ]  Subrecipient certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F “Responsibility of Applicants for Promoting Objectivity in Research” and 45 CFR Part 94 “Responsible Prospective Contractors.” Subrecipient also certifies that, to the best of Subrecipient’s knowledge, (1) all financial disclosures will be made related to the activities that may be funded by or though a resulting agreement, and required by its conflict of interest policy, and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with Subrecipient’s conflict of interest policy prior to the expenditures of any funds under any resultant agreement and within a timely manner sufficient to enable timely FCOI reporting. [ ]  Subrecipient **does not** have an active and/or enforced conflict of interest policy and agrees to adopt Research Foundation for SUNY’s policy. Subrecipient shall complete a financial disclosure form to be provided by the Foundation for each Subrecipient investigator and submit this form to Foundation’s contact. Subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any funded subcontract. |
| **Conflict of Interest (For Non-PHS/NSF Individual COI or any Organizational COI Requirements ONLY):****Check if Applicable [ ]** Subrecipient hereby certifies it will comply with the additional standards for financial disclosure, both individual and organizational, and conflict of interest policies which are required by the Prime Sponsor. Subrecipient also certifies that, to the best of its knowledge:a) Any financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy and/or sponsor requirements;b) All identified conflicts of interest have or will have been satisfactorily managed, reduced, or eliminated in accordance with Subrecipient's conflict of interest policy and/or sponsor requirements prior to the expenditure of any funds under any resulting subagreement;c) Any information consistent with the Sponsor's guidelines for conflict of interest reporting will be made to the Research Foundation for SUNY as required, either at the time of proposal or before funding begins.  |
| **Small Business Concern** [ ]  Yes [ ]  NoIf yes, Subrecipient represents that it is a small business concern as defined in 13 CFR 121 Subpart A. If "Yes": Subrecipient represents that as certified by the Small Business Administration, it is a:[ ]  Small disadvantaged business [ ]  Women-owned small business concern[ ]  Veteran-owned small business concern[ ]  Service-disabled veteran-owned small business concern [ ]  HUBZone small business concern [ ]  Other:  |
| **Audit Status:** [ ]  Yes [ ]  No Does Subrecipient conduct an annual audit in accordance with OMB Uniform Guidance (2 CFR 200.500 Subpart F)?If yes, complete section 1; If no, complete section 2**1.** Most recent fiscal year completed: FY       [ ]  Yes [ ]  No Were any audit findings specifically related to subawards from the Research Foundation for SUNY reported? If "Yes," explain in Section 3, Comments, below.Does the most recent audit report reveal any of the following:[ ]  Yes [ ]  NoMaterial Weaknesses[ ]  Yes [ ]  NoSignificant Deficiencies[ ]  Yes [ ]  NoInstances of Material Non-complianceIf “Yes” to any of the above, indicate in Section 3 what actions are being taken to resolve.**2.** Subrecipient DOES NOT receive an annual audit in accordance with OMB Uniform Guidance (2 CFR Part 500)Subrecipient is a:[ ]  Non-profit entity under federal expenditure threshold[ ]  Foreign entity [ ]  For profit entity [ ]  Government entity ***Please complete attached addendum. Also, provide a complete copy of your most recent single audit report or independent audit, or provide the URL link to a complete copy.*** **3.** Additional comments on Single Audit(s):  |
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**Subrecipient Questionnaire Addendum**

**for Organizations Not Subject to Federal Audit Requirements**

1. Organizational status: [ ]  sole proprietor [ ]  partnership [ ]  corporation [ ]  foreign [ ]  other:\_\_\_\_\_\_\_\_\_

2. Total revenue for the last fiscal year: $

3. Number of employees on organization’s payroll:

4. Total Amount of Federal awards received in the last fiscal year: $

5. Does your organization have:

1. A program specific audit to determine compliance with applicable laws and regulations for a specific federal program? ***[ ]* Yes** [ ]  **No**
2. An annual audit performed by certified public accountants? [ ] **Yes** [ ]  **No**

*If you answered YES to either of the above, please attach a copy of the audit report to this questionnaire.*

6. If you answered **NO** to the above, briefly describe the controls you have in place that will provide reasonable assurance that expenditures on this award are made in compliance with the applicable terms and conditions.

7. Will the organization adhere to the Cost Accounting Standards Board (CASB) rules and regulations (48 CFR 30) (applicable to for profit organizations), or Federal Uniform Guidance standards (applicable to non-profits) under the proposed subaward? **[ ]  Yes** **[ ]  No**

8. Does the organization have a financial management system that provides records that can identify the source and expenditure of funds for subaward activities? **[ ]  Yes** **[ ]  No**

9. Does the organization’s financial management system provide for the control and accountability of project funds, property, and other assets? **[ ]  Yes** **[ ]  No**

10. Does the organization have formal, written personnel policies? **[ ]  Yes** **[ ]  No**

11. Does the organization's financial management system allocate labor and benefit expenses that would enable tracking specific charges by individual? **[ ]  Yes** **[ ]  No**

12. Does the financial management system generate reports that allow for the monitoring of salary charges?

 **[ ]  Yes** **[ ]  No**

13. Does the organization have a formal, written purchasing procedure? **[ ]  Yes** **[ ]  No**