

Subrecipient’s federally-negotiated F&A rate for this type of work, or a reduced rate that Subrecipient hereby accepts. (If this box is checked, a copy of Subrecipient’s rate agreement is attached or may be found at the following URL:)

An allowable 10% de minimis rate, used in lieu of a negotiated rate per the above.

Not applicable (no indirect costs requested for Subrecipient).

Fringe Benefit Rates

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

Rates consistent with or lower than Subrecipient’s federally-negotiated rate. (If this box is checked, a copy of Subrecipient’s fringe benefit rate agreement is attached or may be found at the following URL:)

Other rate. (Please specify the basis on which the rate has been calculated:

Cost-sharing/Matching/In-Kind Commitments included	Yes	No	Amount
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Certification Regarding Debarment and Suspension

Is the Subrecipient, PI, or any other employee or student participating in this project debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from participation in federal assistance programs or activities? (If “Yes,” describe in the Comments below.)

Yes No

C - Comments

D - Subrecipient Certification

The appropriate programmatic and administrative personnel of the consortium institution involved in this grant application are aware of applicable prime agency consortium grant policies and are prepared to establish the necessary inter-institutional agreements consistent with those policies. I certify that the above information accurately represents the organization of which I am a representative.

Authorized Signature:	
Name and Title:	
Date:	
Federal EIN:	
DUNS or DUNS+4	

Sections A – D must be provided, including signature, for each proposal submission. Institutional Profile Data (Sections E - G below) should be kept on file within the past year before any subaward can be issued. The Institutional Profile may be provided at the time of proposal, but in all cases will be needed prior to issuance of any subaward.

E – Additional Institutional and Compliance Data

Subrecipient Legal Name:	
Address:	
City, State, Zip Code + 4	
Phone:	
Email:	
Federal Employer Identification Number (EIN)	
DUNS or DUNS + 4	

System for Award Management (SAM; formerly CCR)

Is Subrecipient registered in SAM: **Yes** **No** **Expiration Date:**

Type of Organization (Check all that apply):

- For profit entity
- Non-profit entity
- College/University
- Foreign entity

Human Subjects **FWA #**

Animal Subjects **AWA #**

F - Audit and Financial Information

Organizational Fiscal Year – From: **To:**

Does the Subrecipient conduct a single audit on an annual basis as required in 2 CFR 200, the Uniform Guidance, Subchapter G, ____ .701 Audit Requirements? **Yes** **No**

- **If “Yes,” has the audit been completed for the most recent fiscal year?** **Yes** **No**
 - **Were any findings reported? (If Yes, explain in Comments below>)** **Yes** **No**

Note: A complete copy of Subrecipient’s most recent Single Audit Report is hereto attached or may be found at:

- **If “No,” please answer the following questions. All questions must be answered.**
 - **Are Subrecipient’s financial statements audited by an independent audit firm?** **Yes** **No**
(If yes, please attach a copy of the most recent Auditor’s report including any reported findings.)
 - **Do you adhere to CASB (Cost Accounting Standards Board) FAR 31 regulations under the proposed Subaward?** **Yes** **No**
 - **Do you have a financial management system that can separately identify the source and application of funds for Subaward supported activities?** **Yes** **No**

- Do you have a financial management system that provides for the control and accountability of project funds, property, and other assets? Yes No
- Are duties separated so that no one individual has complete authority over an entire financial transaction?
Yes No
- Do you have a formal written travel policy? Yes No
- Do you have a formal written purchasing/procurement policies and procedures? Yes No
- Do you maintain an inventory of government property that identifies purchase date, cost, vendor, description, serial number, location and ultimate disposition of the property? Yes No
- Has the Subrecipient administered federal pass thru funds in the past? Yes No (If “Yes”, how many agreements and what has total award volume been within the most recent three years?)
- Does the Subrecipient have staff to administer the funds who fully understand the federal requirements for the administration of federal funds including FAR (Federal Acquisitions Register) and Uniform Guidance?
Yes No (If yes, please detail how this training/knowledge was obtained.)

G - Authorized Signature

The information, certifications and representations above are being made by an authorized official of the Subrecipient named herein. I certify that the above information accurately represents the organization of which I am a representative.

Authorized Signature:	
Name and Title:	
Date:	

No Concerns

Level 1

Level 2

Level 3

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