

SUBRECIPIENT QUESTIONNAIRE FORM

Subrecipient Legal Name:

Address, City, State, Zip:

(To find your zip code +4 go to https://tools.usps.com/go/ZipLookupAction_input)

Congressional District:

County/Parish:

DUNS Number:

EIN:

UEI:

URL:

Fiscal Year:

***Is your organization a participating FDP Member Institution?**

Yes (no other action required)

No (complete the entire questionnaire)

*See list of participating FDP organizations <https://fdpclearinghouse.org/organizations>.

SECTION A – TYPE OF ORGANIZATION

(Check as applicable)

Federal Government

State Government

Corporation

Institution of Higher Education

Other:

Non-profit Organization

Foundation

Individual

SECTION B – CERTIFICATIONS

1. Federally Negotiated Facilities and Administrative Rates:

Subrecipient has a federally-negotiated F&A rate(s).

(If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement in section B.)

Other rates (please specify the basis on which the rate has been calculated in Section C Comments below)

a. If “Yes”, name of designated federal cognizant agency:

Contact Name:

Ph. Number:

Address:

b. If “Yes,” link to the rate agreement (or attach to this submission):

c. If “No,” describe the basis for calculation:

2. Human Subjects Federal Wide Assurance Number:

3. Animal Subjects OLAW Animal Welfare Assurance Number:

4. Conflict of Interest

(If applicable NIH, NSF, or other sponsors that have adopted the federal financial disclosure requirements)

Subrecipient Organization/Institution 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.” Subrecipient also certifies that, to the best of the Institution’s knowledge:

A. All 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

B. All identified Conflicts of Interest policy prior to the expenditures of any funds under any resultant agreement.

- Subrecipient does not have an active and/or enforced Conflict of Interest policy and agrees to abide by the University of Mississippi Medical Center's policy, located online
<https://www.umc.edu/Compliance/files/conflictsofinterestpolicy.pdf>

5. Debarment and Suspension

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? Yes No

If "Yes", explain in Section D Comments below

The Subrecipient certifies they: *(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.
- are are not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency.

- 6.** Subrecipient has a **financial management system** that provides records that can identify the source and award-supported activities and provided control and accountability of project funds, property, and other assets.
 Yes No

SECTION C – AUDIT STATUS

7. Audit Status / Fiscal Responsibility

- Subrecipient receives an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133).
 Most recent fiscal year completed: FY _____
 Were any audit findings report? *(If "Yes", explain in Section D Comments below)* Yes No
Please attach a copy of your most recent Uniform Guidance §200.514 (formerly A-133) Audit Report or provide in URL link to a complete copy.
 Enter URL Link for the Uniform Guidance §200.514 (formerly A-133) Audit Report _____
- Subrecipient DOES NOT receive an annual audit in accordance with Uniform Guidance §200.514 (formerly A-133). Subrecipient is a: Non-profit Entity *(under federal funding threshold)*
 Foreign Entity
 For Profit Entity
 Government Entity

A limited-scope audit may be required before a subaward will be issued.

SECTION D – COMMENTS

Not Applicable (*Please check only if not providing comments in Section D*)

Enter comments from Debarment/Suspension question and/or Audit Status question here

SECTION E - PARENT ENTITY INFORMATION

Subrecipient Fiscal Agent Information

Name:

Title:

Address, City, State, Zip:

Email:

Phone:

APPROVED FOR SUBRECIPIENT

Subrecipient also certifies, to the best of subrecipient institution's knowledge, that this form is accurate:

Signature of Subrecipient's Authorized Official

Name & Title of Authorized Official

Email:

Date: