

Your organization has been identified as a subrecipient under a Florida Institute of Technology, Inc. award(s). Accepting awards from Florida Tech creates a legal duty for the subrecipient to use the funds according to the award agreement and applicable United States federal regulations. The purpose of this questionnaire is to provide Florida Tech with the information needed to assess the adequacy of the financial and accounting systems of your organization.

Please answer all questions below as completely as possible. Use extra pages if necessary. The completed form must be signed by your appropriate authorized official and returned to the address noted below.

SECTION A: General Subrecipient Information

Originating sponsor _____

Proposal title _____

Florida Tech (PI) _____

Subrecipient institution _____

Subrecipient PI _____ Email _____

Administrative contact _____ Email _____

Administrative office address _____

City _____ State _____ ZIP _____

Congressional district _____ Phone _____ FAX _____

DUNS # _____ FEIN # _____

If sponsored by a federal agency, Subrecipient institution certifies that it has an active SAM registration.

Yes No N/A

Performance dates and subrecipient costs

Period of performance _____ to _____ Total subrecipient costs \$ _____

Required documents

Budget Budget justification Scope of work F&A rate agreement A133

Does the project involve

Human subjects? Yes No Human stem cells? Yes No Animal subjects? Yes No Export controls restrictions? Yes No

Cost sharing? Yes No Cost sharing amount _____

Human Subjects Assurance (if applicable) _____

Animal Welfare Assurance (if applicable) _____

Required certifications

Subrecipient, PI or any other individual participating in this project are not debarred, suspended or otherwise excluded from or ineligible for participation in federal agency, assistance programs or activities.

Not debarred or otherwise excluded Debarred or otherwise excluded

If sponsored by NSF and applicable NIH awards, subrecipient institution certifies that a Responsible Conduct of Research (RCR) training plan is in place consistent with NSF/NIH requirements.

Yes No N/A

Entity type:

Domestic for-profit

Domestic governmental organization

Foreign nonprofit

Domestic nonprofit

Foreign for-profit

Foreign governmental organization

Yes No Does your organization receive grant or contract funding directly from the U.S. government?

Yes No To your knowledge do any of your organization's employees or board members, or their immediate family, work at Florida Tech?

Subrecipient conflict of interest policy statement

(choose one response)

- Subrecipient hereby certifies that its institution has implemented and enforced a conflict of interest policy compliant with the PHS Financial Conflict of Interest regulations (Responsibility of Applicants for Promoting Objectivity in Research and Responsible Prospective Contractors: 42 C.F.R. Part 50 and Part 94) AND, further, the subrecipient will report identified FCOIs for its investigators to Florida Tech within 45 days of discovery.
- Subrecipient hereby certifies that its institution has implemented and enforced an conflict of interest policy compliant with NSF's Policy on Conflict of Interest AND, further, the subrecipient will report identified conflicts of interest for its investigators to Florida Tech within 45 days of discovery.
- Subrecipient hereby certifies that its institution has an active and enforced conflict of interest policy.
- Subrecipient hereby certifies that its institution does NOT have an active compliant conflict of interest policy, applicable to the project, and will abide by Florida Tech's policy, located online at: <https://www.fit.edu/policies/research-and-sponsored-programs/policies/conflict-of-interest-for-funded-research-projects>.

*If chosen, enter the names of individuals working on this project who are Investigators, and are responsible for design, conduct, or reporting of the research. Use additional sheets as necessary. All those named must complete a Disclosure Form for Non Florida Tech Investigators.

Subrecipient PI Name and email _____

Investigator Name and email _____

Investigator Name and email _____

Audit Status Under 2 CFR 200, Subpart F

Are you a domestic nonprofit organization that files an annual Single Audit with the Federal Audit Clearinghouse (FAC) in accordance with the Uniform Guidance (2 CFR 200, Subpart F)?

- Yes If Yes, and you are a **domestic nonprofit organization**, please state whether material weaknesses, material instances of noncompliance, or findings were noted in your audit. Yes No
Next, please sign and date the certification contained in Section D of this form and submit to **research@fit.edu** along with the link or copies of your organization's most recent Single Audit report and all relevant attachments, including corrective action responses or plans, if applicable.
- No If No, or you are a **domestic for-profit or foreign organization**, please complete sections B and C and return to **research@fit.edu** with all relevant attachments.

SECTION B: Financial Information

1. Organizational Website _____
2. Legal entity registration: If your entity requires governmental registration, is your registration current? Yes No N/A
If yes, what government/state? _____
3. Year of incorporation or establishment _____
4. Number of employees _____
5. Fiscal year start and end date (month /day) _____
6. Does your organization have annual audited financial statements? Yes No
If Yes, provide a copy of the report for the most recent fiscal year.
If No, please provide an internal balance sheet and annual revenue/expense statement.
7. Please provide the amount (in USD) of U.S. governmental funds your organization expended in its most recent fiscal year:

8. Did your organization have an audit of any U.S. government-funded projects in your most recent fiscal year? Yes No
If yes, please provide a detailed report of any findings.
9. Are there any reasons (local conditions, laws or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization? Yes No
10. Can your accounting records separate the receipts and payments of a Florida Tech award from the receipts and payments of your organization's other activities? Yes No
11. Can your accounting system record expenditures on a Florida Tech award according to budget categories such as salaries, supplies, travel and equipment?
 Yes No
12. Do you keep invoices, vouchers and timesheets for all payments made from U.S. government funds for a minimum of three years after the date of the receipt of the final invoice payment? Yes No
13. Will any cash from Florida Tech awards be kept outside of your organization's bank account (petty cash, etc.)? Yes No
14. Are you able to support your accounting records with source documentation? Yes No
15. Are you capable of invoicing in U.S. dollars? Yes No
16. Are you capable of producing invoices and supporting documentation in English? Yes No

SECTION C: Internal Control Information

1. Does your organization have written accounting policies and procedures? Yes No
If No, please describe how transactions are recorded, cash disbursements are made and the account system is managed.

2. Are timesheets or other systems used to document employees' effort spent on U.S. government-funded projects? Yes No
If no, please explain. _____
3. Does your organization have an inventory system for tracking equipment? Yes No
4. Does your organization have a purchasing/procurement policy creating standards in the procurement of supplies and other expendable property, equipment and other services? Yes No
5. Does your organization have a written travel policy? Yes No

SECTION D

By signing this form:

- I certify under penalty of perjury that the foregoing is true and correct.
- I certify that I am authorized to sign on behalf of the Subrecipient.

Signature _____

Print Name _____

Title _____

Date _____

Email _____