

SUBRECIPIENT QUESTIONNAIRE

Instructions

Any organization that will be a subrecipient of federal and/or state funds awarded to Rowan University is required to complete this form. If required by a non-federal sponsor, this form will need to be completed by subrecipients. On an annual basis, your organization may be required to review and sign this form or confirm a previously completed questionnaire is up-to-date and accurate. Starting on page 2, please complete this form for any section that is applicable to your organization and send the signed, completed form to Rowan University's Office of Sponsored Programs.

Regulatory Citations

OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards:
(Uniform Guidance) 2 CFR, Subtitle A, Chapter II, Part 200, subparts 330 - 333
45 CFR 75.351 - 75.353

N.J.A.C. 17:12-6.9 - Title 17 - Treasury - General Chapter 12, Unit Subchapter 6: Debarment, Suspension, and Disqualification of a Person(s)

Rowan University and Sponsor Information (to be completed by Rowan OSP)

Rowan University Principal Investigator Name:

Rowan University Principal Investigator Home Organization:

Federal / State Sponsor Name:

Grant / Project Title:

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Subrecipient Information (To be completed by subrecipient)

Legal Entity Name:	
Address (Include city, state, and ZIP code):	Unique Entity ID: DUNS #: Congressional District (Required for all U.S. Contractors):
Performance Site: If work will be done in a location different from the above, please provide performance site information below	
Address (Include city, state, and ZIP code):	Amount (\$): Congressional District (Required for all U.S. Contractors):
<u>Domestic Institutions/Organizations</u> EIN: Federal Employee Identification Number CAGE Code: Commercial and Government Entity Is your Institution registered in SAM.gov? Yes No	<u>International Institutions/Organizations</u> NAIS Code: North American Industry Classification System NCAGE Code: NATO Commercial & Governmental Entity Code

Subrecipient FDP Participation (To be completed by subrecipient)

Yes	No	Is your organization a participating organization of the Federal Demonstration Partnership (FDP) clearinghouse and all forms are completed on FDP website? If Yes , only complete Subrecipient Eligibility (page 3) and Additional Information section (page 4) below If No , please complete all remaining sections below
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Subrecipient A133 Certification (To be completed by subrecipient)

Yes	No	Does your organization have an annual audit in accordance with OMB Circular A-133? <ul style="list-style-type: none"> If "Yes", please provide the URL link to the report or submit a copy to your Rowan Proposal Specialist. If "No", please provide the URL link or make available audited financial statements for the most recent year.
Financial Statement URL Link:		
Does your most recent audit report reveal any of the following:		Did your organization qualify as a low risk entity?
Yes	No	Material weaknesses Yes No
Yes	No	Significant deficiencies
Yes	No	Instances of material non-compliance

Subrecipient Eligibility (To be completed by subrecipient)

Debarment, Suspension, and Other Legal Matters

- | | | |
|-----|----|--|
| Yes | No | Is your organization presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any Federal or New Jersey department or agency? |
| Yes | No | Is the PI (or any other employee/student planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal or New Jersey assistance programs or activities? |
| Yes | No | Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity? |
| Yes | No | Has the organization within three (3) years preceding this offer, had one or more contracts terminated for default by any federal or New Jersey agency? |
| Yes | No | Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, "Managing Federal Credit Programs"? |

NOTE: For any question marked Yes above, please provide an explanation via email or letter.

Subrecipient Certifications (To be completed by subrecipient)

Financial Conflict of Interest

(applicable only to PHS and other federal departments and agencies/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 Institution's knowledge, the following:

1. 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,
2. all identified conflicts of interest have or will be satisfactorily managed, reduced or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

Any and all identified conflicts of interest must be reported to Rowan University within 21 days of discovery

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by Rowan's policy, located at http://www.rowan.edu/provost/grants/policies_and_procedures/ConflictsofInterest.cfm

Lobbying

- | | | |
|-----|----|--|
| Yes | No | My organization certifies that <u>no payments have been paid or will be paid</u> 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 "No," provide an explanation below.) |
|-----|----|--|

Negotiated Federal F&A Rate

- | | | |
|-----|----|---|
| Yes | No | <p>Does your organization have a negotiated Federal indirect cost/F&A rate?</p> <ul style="list-style-type: none"> • If "Yes", please provide the URL link or attach a copy of the agreement • If "No", please provide the URL link or attach a copy of the audited financial statements for the most recent year. |
|-----|----|---|

Indirect/F&A Rate Agreement URL Link:

Executive Compensation During the previous fiscal year my organization received 80% or more of its annual gross revenue in federal awards AND \$25 million or more in annual gross revenues from federal awards. If Yes, provide the names of your 5 most highly compensated employees.

Yes No

Yes No

My organization regularly reports information on the compensation of its senior executives in response to section 13(a) or 15(d) of the Securities Exchange Commission Act of 1934 15U.S.C. 78m(a), 78(d) or section 6104 of the Internal Revenue Code of 1986.

Executive #1 - Name and Title:

Executive #2 - Name and Title:

Executive #3 - Name and Title:

Executive #4 - Name and Title:

Executive #5 - Name and Title:

Subrecipient Additional Information (To be completed by Subrecipient)

Does your organization have written policies that address the following:

Yes	No	Pay Rates, Benefits, Attendance, and Leave	Yes	No	Purchasing
Yes	No	Discrimination	Yes	No	Accounting (Journal entries, payroll, etc.)
Yes	No	Export Controls and Travel			

Yes No Has your organization purchased new systems or significantly changed systems related to operations, financial management, or purchasing/accounts payable systems?

Yes No Has your organization significantly changed personnel that may impact the management and administration of subawards?

Yes No Does your organization have prior experience managing subawards whose prime sponsor is a federal or state of New Jersey department or agency?

Yes No Does your organization have prior experience managing this type of grant/project?

Subrecipient Attestation (To be completed by Subrecipient)

Your signature represents/indicates that you attest the information above is accurate to the best of your knowledge, and that Rowan University, as a recipient of federal and state funds, is required to complete a risk assessment, as promulgated by United States of America federal regulations. The information provided above is necessary to be compliant with United States of America federal and state of New Jersey laws and regulations.

Name: _____

Title: _____

Email: _____ Phone: _____

Signature

Date