

DOMESTIC SUBRECIPIENT ENTITY CERTIFICATION FORM

Please complete this form in accordance with organizational level details, systems and processes and submit with all accompanying documents as appropriate. The responses to the questions should be for the entire Organization. This form is not limited to one specific project, subaward, or subcontract. Incomplete forms will be returned for completion. Authorized Official must sign the completed form.

ORGANIZATION LEGAL N	IAME:		
OFFICIAL ADDRESS:			
CITY:	STATE:	Zip (+4):	COUNTRY:
ORGANIZATION TYPE: Se	elect <u>ALL</u> that apply		
☐ HIGHER EDUCATION	☐ SCHOOL DISTRICT (K-12)	\square FOUNDATION	\square NON-PROFIT \square PRIVATE INDUSTRY
☐ TRIBAL ENTITY	☐ US FEDERAL AGENCY OR	LABORATORY	☐ STATE & LOCAL GOVERNMENT
☐ OTHER (Please descri	be):		
FISCAL YEAR END DATE(I	MM/DD):	EIN NUI	MBER:
Has Organization obtain		JEI) from System for	Award Management (SAM.gov)?
NOTE: Organization must of Washington, in accorda	•	<u>1.gov</u> prior to receivir	ng subaward under federal funds from Universit
SECTION A – CERTIFICAT	TIONS		
b. ☐ Organization does Funding Agencies or the	ederally-negotiated F&A rates	ed rate and accepts of a Subrecipient per 2	* *
b. \square Organization uses	ederally-negotiated fringe ben Actual fringe benefit rates describe below the basis on v		each copy of rate agreement with this form)
•	tifies that it has an active and		onflict of interest (COI) consistent with the & Procedures Guide Chapter IX.A.
☐ YES, attach copy of th☐ NO, Organization doe	ne policy with this form, or pro	vide link here:	etent with NSF provision and hereby agrees,



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4. NASA Conflict of Interest Compliance

Organization hereby certifies that it has an active and enforced policy on conflict of interest (COI) consistent with the provision of National Aeronautics and Space Administration (NASA) <u>Grants and Cooperative Agreements Manual Section</u>
<u>3.3</u> .
☐ YES, attach copy of the policy with this form, or provide link here:
□ NO, Organization does not have an active and/or enforced policy consistent with NASA provision and hereby agrees, when receiving NASA funded subawards, to abide by



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8. Non-Discrimination and Anti-Bribery Compliance a. YES NO A) Organization has adopted a written policy of nondiscrimination and a system for complying with U.S. federal furilinghts requirements. b. YES NO N/A If Organization enters into agreements for work or research to be performed outside of the U.S., the organization has systems in place to assure compliance with the Foreign Corrupt Practices Act or applicable local laws, including system to prevent and detect improper payments made to government officials to allow or procure work and research opportunities for or on behalf of Organization. SECTION B – AUDIT STATUS 1. Did the Organization receive US federal funding directly and/or via a subaward/subcontract in its most recent fiscal year? YES NO NO YES NO YES NO YES NO YES NO NO YES YES NO YES YES NO YES YE	
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year? YES NO 2. Did the Organization expend \$750,000 or more in US Federal funding during its most recent fiscal year? Note: When calculating total US Federal funding, include in your calculations both direct funding and funding received as a subrecipient. YES NO If YES, answer #3 and skip #4 & Section C. If NO answer #4 and complete Section C. 3. Did the Organization have a Single Audit completed by an independent auditor in compliance the Uniform Guidance, or 2 CFR Part 200, Subpart F. YES NO 3.a. If YES, please select ONE from the following and proceed to the signature line: Audit for most recent fiscal year is completed. There were NO significant deficiencies, material weaknesses, questioned costs, or findings disclosed. A copy of this audit report is attached with this form or can be found at this link: Audit for most recent fiscal year is completed. There were significant deficiencies, material weaknesses, questioned costs, or findings disclosed. A copy of this audit report is attached with this form or can be found at this link: Audit for most recent fiscal year is not completed. The report is expected to be completed by this date: A copy of this report will be provided with written notification within 30 days of its completion. The previously completed audit report is attached with this form or can be found at this link: A copy of this report will be provided with written notification within 30 days of its completion. The previously completed audit report is attached with this form or can be found at this link: A copy of this report will be provided with written notification within 30 days of its completion. The previously completed audit report is attached with this form or can be found at this link: A copy of this report will be provided with written notification within 30 days of its completion. The previously completed audit report is attached with this form or can be found at this link: A copy of this report will be provided with written notification within 30 da	SECTION B – AUDIT STATUS
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4. If the Organization did not receive US federal funding $\underline{\mathbf{or}}$ it did not expend \$750,000 or more in US Federal funding in its most recent fiscal year, please select ONE from the following \mathbf{and} complete SECTION C below):

OFFICE OF SPONSORED PROGRAMS
UNIVERSITY of WASHINGTON DOMESTIC SUBRECIPIENT ENTITY CERTIFICATION FORM
☐ The Organization has completed a general financial audit or financial statement for the most recent fiscal year. A copy is attached with this form or can be found at this link:
☐ The Organization has not been audited by either a U.S. government agency or an independent public auditing firm.
SECTION C – AUDIT QUESTIONNAIRE
Please complete all of the questions below:
1. General Information a. □ Yes □ No Organization has its financial statements reviewed or audited by an independent public accounting firm.
b. \square Yes \square No Organization has not been the subject of a for-cause audit or similar investigation inquiry or review within the last two years by a government agency or independent public accountant.
c. \square Yes \square No Responsibilities are separated between multiple persons within your organization so that no on individual has complete authority over an entire financial transaction.
d. \square Yes \square No Organization has effective controls to prevent expenditure of funds in excess of approved, budgeted amount.
2. Cash Management a. □ Yes □ No All cash disbursements within the organization are fully documented with evidence of receipt of goods or performance of services
b. ☐ Yes ☐ No Organization's bank accounts are reconciled monthly
c. \square Yes \square No Organization has a cash forecasting process that will minimize the time elapsed between the drawing down of funds and the distribution of those funds
3. Payroll
a. \square Yes \square No Payroll charges are checked against program budgets
b. \square Yes \square No Organization has an effective system to control paid time charged to sponsored agreements. Please briefly describe or provide link to Organization's process:
4. Procurement
\square Yes \square No Organization has procedures in place to ensure procurement at competitive prices.
Organization has an effective system for authorization and approval of:
 a. □ capital equipment expenditures b. □ travel expenditures c. □ vendor and subcontractor expenditures
5. Pronerty Management

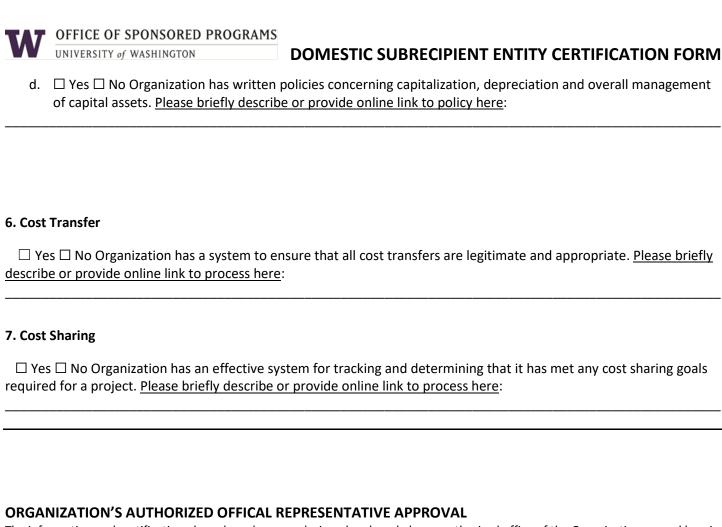
a. \square Yes \square No Organization requires detailed records of individual capital assets kept and periodically balanced

b. \square Yes \square No Organization has effective procedures for authorizing payment and accounting for the disposal of

c. \square Yes \square No Organization periodically conducts physical inventory against detailed property records

with general ledger accounts

property and equipment



The information and certification above have been read, signed and made by an authorized office of the Organization named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies 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 Organizations own risk.

Signature of Organization's Authorized Official	 Date	
Name and Title of Authorized Official (Print)	Phone and Email	