

UNIVERSITY of WASHINGTON

accompanying documents as ap	propriate. The responses	onal level details, systems, and processes and submit with all s to the questions should be for the entire Organization. This for ntract. Incomplete forms will be returned for completion. Authoriz	
Official must sign the completed		incomplete forms will be retained for completion. Authoriz	cu
ORGANIZATION LEGAL NAME:			
OFFICIAL ADDRESS:			
CITY:	POSTAL CODE:	: COUNTRY:	-
ORGANIZATION TYPE: Select A HIGHER EDUCATION PRIVATE INDUSTRY OTHER (Please describe):	□ FOUNDATION □ GOVERNMENT	□ NON-PROFIT/NON-GOVERMENTAL ORGANIZATION	
FISCAL YEAR END DATE (MM/E	DD):	-	
Has Organization obtained a U		UEI) from System for Award Management (SAM.gov)?	
NOTE: Organization must provic of Washington, in accordance w		<u>M.gov</u> prior to receiving subaward under federal funds from Univer	rsity

SECTION A – CERTIFICATIONS

1. Facilities and Administrative (F&A) Rates

a. □ Organization has US Federally-negotiated F&A rates (Please attach a copy of the rate agreement with this form)
b. □ Organization does not have a US Federally-negotiated rate and accepts either rate limitations governed by Prime Funding Agencies or the 10% de minimis MTDC rate as a Subrecipient per 2 CFR 200.414 (f)
c. □ Other rates (please describe below the basis on which the rate has been calculated):

2. Fringe Benefit Rates

a. 🗆 Organization has US Federally-negotiated fringe benefit rates (Please attach copy of rate agreement with this form)

- b.
 Organization uses Actual fringe benefit rates
- c. \Box Other rates (please describe below the basis on which the rate has been calculated):

3. NSF 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 Science Foundation (NSF) Proposal & Award Policies & Procedures Guide <u>Chapter IX.A</u>.

□ YES, link to policy here or copy attached with this form:_____

□ NO, Organization does not have an active and/or enforced policy consistent with NSF provision and hereby agrees, when receiving NSF funded subawards, to abide by <u>UW's COI policy</u>.

4. NASA Conflict of Interest Compliance

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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>.

 \Box YES, link to policy here or copy attached with this form:_

□ 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 <u>UW's COI policy</u>.

5. PHS Financial Conflict of Interest

Organization hereby certifies that it has an active and enforced policy on financial conflict of interest (FCOI) consistent with the provision of 42 CFR Part 50 Subpart F and 45 CFR Part 94. This regulation applies to all Public Health Service (PHS) agencies and certain Non-PHS Agencies.

 \Box YES, link to policy here or copy attached with this form:_

□ NO, Organization does not have an active and/or enforced policy consistent with 42 CFR Part 50 Subpart F and 45 CFR Part 94 and hereby requests, when receiving subawards requiring compliance to these provisions, that our investigators be permitted to make financial interest disclosures to the UW in accordance with the UW's FCOI policy when required. Use of UW's FCOI policy requires prior written permission of the UW, which will be granted only in exceptional cases.

6. DOE Financial and Organizational Conflict of Interest Compliance

Organization hereby certifies that is has an active and enforced policy on financial and organizational conflict of interest (COI) consistent with the provision of 2 CFR part 910, Department of Energy (DOE) Financial Assistance Regulations and DOE's Interim Conflict of Interest Policy.

 \Box YES, link to policy here or copy attached with this form:_

□ NO, Organization does not have an active and/or enforced policy consistent with 2 CFR part 910, Department of Energy (DOE) Financial Assistance Regulations and DOE's Interim Conflict of Interest Policy and hereby requests, when receiving subawards requiring compliance to these provisions, that our investigators be permitted to make financial interest disclosures to the UW in accordance with the UW's FCOI policy when required. Use of UW's FCOI policy requires prior written permission of the UW, which will be granted only in exceptional cases.

7. Debarment, Suspension, Proposed Debarment

Is the Organization, any of its employees, and/or students currently debarred, suspended or otherwise excluded from or ineligible for participation in US federal assistance programs or activities?

□ YES □ NO

If YES, please describe below. NOTE: Subawards to any entity or individual included in the Federal Excluded Parties are prohibited:

If NO, Organization hereby certifies that it (please check ALL that apply):

a. \Box is not presently debarred, suspended, proposed for debarment or declared ineligible for award of federal contracts.

b. \Box is not presently indicted for, or otherwise criminally or civilly charged by a government agency.

c. \Box has not within three (3) years preceding, been convicted of or had a civil judgement rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or perform a public (federal, state, or local) contract or 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.

d. \Box has not within three (3) years preceding, had one or more contracts terminated for default by any federal agency.

SECTION B – AUDIT STATUS

1. Did the Organization receive US federal funding as a direct recipient and/or as a subrecipient in its most recent fiscal 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 <u>2 CFR Part 200, Subpart F</u>?

□ YES □ NO

3.a. If YES, please select ONE from the following:

□ The single 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:

□ The single 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:

□ The single 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:

3.b. If NO, please select ONE from the following:

□ The Organization is a for-profit organization and the Uniform Guidance single audit requirements do not apply.

The US Federal funding was for one project or program and a Program-specific audit was completed in accordance with <u>2 CFR Part 200.507</u>. A copy of the program-specific audit report is attached with this form.
 4.If the Organization did **not** receive US federal funding **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 and complete SECTION C below:

□ A general financial audit or financial statement for the most recent fiscal year is completed. A copy is attached with this form or can be found at this link: _____

□ The Organization has not been audited by either a US government agency or an independent public auditing firm.



SECTION C – AUDIT QUESTIONNAIRE

Please complete all of the questions below:

1. General Information

a. \Box Yes \Box No Organization has its financial statements reviewed or audited by an independent public accounting firm.

b. \Box Yes \Box 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. \Box Yes \Box No Responsibilities are separated between multiple persons within your organization so that no on individual has complete authority over an entire financial transaction.

d. \Box Yes \Box No Organization has effective controls to prevent expenditure of funds in excess of approved, budgeted amount.

2. Cash Management

a. \Box Yes \Box No All cash disbursements within the organization are fully documented with evidence of receipt of goods or performance of services

b. \Box Yes \Box No Organization's bank accounts are reconciled monthly

c. \Box Yes \Box 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. \Box Yes \Box No Payroll charges are checked against program budgets

b. \Box Yes \Box 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

 \Box Yes \Box 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
- $b.\square$ travel expenditures
- c. \Box vendor and subcontractor expenditures

5. Property Management

a.
Yes
No Organization requires detailed records of individual capital assets kept and periodically balanced with general ledger accounts

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

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

d. \Box Yes \Box No Organization has written policies concerning capitalization, depreciation and overall management of capital assets. Please briefly describe or provide online link to policy here:

6. Cost Transfer

□ Yes □ No Organization has a system to ensure that all cost transfers are legitimate and appropriate. Please briefly describe or provide online link to process here:



7. Cost Sharing

□ Yes □ No Organization has an effective system for tracking and determining that it has met any cost sharing goals required for a project. Please briefly describe or provide online link to process here:

ORGANIZATION'S AUTHORIZED OFFICAL REPRESENTATIVE APPROVAL

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