Non-FDP participants must complete and return this form to the Barry U Director of Grants & Sponsored Programs, smancuso@barry.edu when submitting as a subrecipient on a proposal through Barry University.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Barry University Use Only - Project Specific Data** | | | | | | | |
| Barry Univ PI | Click here to enter | | College/School # | | Click here to enter | | |
| Proposal Title | Click here to enter | | | | | | |
| Announcement **or** RFP URL | | Click here to enter | | | | | |
| Proposed subrecipient period of performance | | | From | Click to enter | | To | Click to enter |

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| **Part I – Subrecipient Commitment Data** | | | | | | | | | |
| **A - Institutional Data** | | | | | | | | | |
| Legal Name | | Click to enter | | | | | | | |
| DUNS # + 4 | | Click to enter | | | TAX ID | | Click to enter | | |
| Address | | Click to enter | | | | | | | |
| Principal Place of Performance | | Click to enter | | | | | | | |
| Registered in SAM? | | Yes  No | | | SAM Expiration Date | | Click to enter | | |
| State of Incorporation | | Click to enter | | | Congressional District | | Click to enter | | |
| Subrecipient PI | | Click to enter | | | | | | | |
| Proposed Project Start Date | | Click to enter | | Proposed Project End Date | | | | Click to enter | |
| Total Costs | Click to enter | | Direct Costs | Click to enter | | Indirect Costs | | | Click to enter |

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| **B – Certifications** | | | | | |
| **Includes the following** (check all that apply)**:** | | | | | |
|  | | | | | |
| Human Subjects | | Yes | No | If yes, FWA # | Click to enter |
|  | | | | | |
| Vertebrate Animal Research | | Yes | No | If yes, AWA# | Click to enter |
|  | | | | | |
| Recombinant DNA Research | | Yes | No | | |
|  | | | | | |
| Hazardous Materials | | Select an item | | | |
|  | | | | | |
| Work covered by [EAR](https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=15:2.1.3.4.20) or [ITAR](https://www.gpo.gov/fdsys/granule/CFR-2016-title22-vol1/CFR-2016-title22-vol1-part120/content-detail.html) | | Yes  No | | | |
|  | | | | | |
| [Participant Costs](https://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-sec200-75.pdf) | | Yes  No | | | |
|  | | | | | |
| **Responsibility of Applicants for Promoting Objectivity in Research (FCOI)** | | | | | |
|  | Not applicable because the project sponsor is not subject to the federal financial disclosure requirements | | | | |
|  | Subrecipient organization/institution hereby 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, 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 have been satisfactorily managed, reduced or eliminated in accordance with the subrecipient’s conflict of interest policy prior to the expenditure of any funds under any resulting agreement. | | | | |
|  | Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by Barry University’s policy. | | | | |
| **Debarment, Suspension and Other Responsibility Certification** | | | | | |
|  | Subrecipient certifies that neither it nor its principals (including PIs and key personnel) are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving funds from any Federal department or agency;  It is not delinquent on any federal debt; it is in compliance with the Drug Free Workplace Act of 1988;  No Lobbying was performed with regard to the proposal; and  Assurances are on file of Misconduct in Science, Civil Rights, Handicapped Individuals, Sex Discrimination and Age Discrimination. | | | | |
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| **Part 2 – Audit Certification** | | | | | | | | | | | | | | |
| **A - Requirement and Certifications** | | | | | | | | | | | | | | |
| Barry University is required to ensure that your Institution complies with the requirements of the Code of Federal Regulations, Title 2 CFR Part 100 Subpart F “Audit Requirements.”  This certification is required because audit information for your Institution is not available in the Federal Audit Clearinghouse. Please check the appropriate response and return this certification and applicable reports to [smancuso@barry.edu](mailto:smancuso@barry.edu) . | | | | | | | | | | | | | | |
| 1. Subrecipient certifies by signing this commitment form that it complies with the Uniform Guidance and will provide notice of the completion of required audits and any adverse findings that impact this subaward application as required by parts 200.501 – 200.521 and will provide access to records as required by parts 200.336, 200.337 and 200.201 as applicable. | | | | | | | | | | | | Yes  No | | |
| 1. Our Institution’s fiscal year runs from | | | | | | | | | | | | mm/dd to mm/dd | | |
| 1. We are subject to single audit: | | | | | | | | | | | | Yes  No | | |
| *If you answered* ***“Yes”*** *to question 2 above,* ***complete a – d*** *below.* ***Skip*** *B – Institutional and Internal Control Data. Proceed to Part 3 – FFATA Reporting Data.*  *If you answered* ***“No”*** *to question 2 above,* ***skip questions a – d*** *below. Proceed to B – Institutional and Internal Control Data.* | | | | | | | | | | | | | | |
| 1. We have completed our single audit in accordance with 2 CFR Subpart F 200.501. The audit presented no material weaknesses, no material instances of noncompliance and not findings. | | | | | | | | | | | | Yes No | | |
| 1. We have completed our single audit in accordance with 2 CFR Subpart F 200.501. Material weaknesses, material instances of Noncompliance or findings were noted.   Attached is a copy of the audit report, management letter and our response. *(Documents are required even if finding is not related to a Barry University subaward)* | | | | | | | | | | | | Yes No | | |
| 1. We have not completed our single audit in accordance with 2 CFR Subpart F 200.501. The expected date of completion is: | | | | | | | | | | | | Yes No  mm/dd/yyyy | | |
| 1. Your Audit is available on the web: | | | | | | | | | | | | Yes No | | |
| * + 1. If d is **Yes** – URL: Click to enter | | | | | | | | | | | | | | |
| * + 1. If d is **No** – is a copy of the most recent audit attached to this form? | | | | | | | | | | | | Yes No | | |
|  | | | | | | | | | | | | | | |
| **B – Institutional and Internal Controls** | | | | | | | | | | | | | | |
| *Complete Part 3 if you answered “no” to question 3 in part 2 above.* | | | | | | | | | | | | | | |
| 1. Organizational Type | | | | | | | | | | | | | | |
|  | Non-Profit | | For-Profit | | | Educational | | | State/Local Government | | | | | |
| 1. Number of Employees | | | | | | | | | | | | | | |
|  | Total | Click to enter | | | Full Time | | Click to enter | | | Part Time | Click to enter | | | |
|  | | | | | | | | | | | | | | |
| Please answer the following questions to document your awareness and understanding of the accounting and federal regulations required under the subaward that will be issued to your Institution.  Accepting a subaward from Barry University creates a legal duty for the subrecipient to use the funds in accordance with the terms of the agreement and US federal regulations, including but not limited to Uniform Guidance. | | | | | | | | | | | | | | |
| 1. Please select: we are not subject to Single Audit because we are: | | | | | | | | | | | | | | |
| A for-profit organization | | | | | | | | | | | | | Yes | |
| A recipient of less than $750,000 of federal funds | | | | | | | | | | | | | Yes | |
| Incorporated outside of the United States | | | | | | | | | | | | | Yes | |
| Other: Click to enter | | | | | | | | | | | | | Yes | |
|  | | | | | | | | | | | | | | |
| 1. Institution has the ability to separately account for US Federal Funds | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | | |
| 1. Responsible parties are aware of, understand and implement US Federal requirements per 2 CFR Part 200, as well as applicable Federal Agency grants policy statements. | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | | |
| 1. Is an independent financial audit completed annually for your organization? | | | | | | | | | | | | | Yes | No |
| What was the date of the last audit? | | | | | | | | | | | | | mm/dd/yyyy | |
| What fiscal period was audited? | | | | | | | | | | | | | mm/dd/yyyy | |
| Your Audit is available on the web: | | | | | | | | | | | | | Yes | No |
| * + 1. If #6 is **Yes** – URL: Click to enter | | | | | | | | | | | | | | |
| * + 1. If #6 is **No** – is a copy of the most recent audit attached to this form? | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | | |
| 1. What books of account are maintained *(please check all that apply)*: | | | | | | | | | | | | |  |  |
|  | General Ledger | | | Cash Receipt Journal | | | | Project Cost Ledger | | | | | | |
|  | Payroll Journal | | | Cash Disbursements Journal | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. Does the accounting system provide for the recording of grant/contract costs according to the categories of the approved budget? | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | | |
| 1. Are time distribution records maintained for each employee to account for his or her effort? | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | | |
| 1. Does the system identify the receipt and expenditure of funds separately for each grant or contract? | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | | |
| 1. Can your accounting records document expenditures according to the budget categories such as: salaries, supplies, travel and equipment? | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | | |
| 1. Does your accounting system provide for the recording of cost sharing / matching for each project, and ensure that documentation is available to support the recorded cost sharing / matching? | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | | | |
| 1. Are asset inventory records maintained? | | | | | | | | | | | | | Yes | No |
| * 1. How often does your Institution compare inventory records to the physical equipment? | | | | | | | | | | | | | Click to enter | |
|  | | | | | | | | | | | | | | |
| 1. How does the Institution ensure that all cost transfers are appropriate and processed in a timely manner? | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | |
| 1. If the response was “no” any of the above, please explain how your Institution will be able to fully account for and separately track federal funds that will flow through to your Institution: | | | | | | | | | | | | | | |
| Click to enter | | | | | | | | | | | | | | |

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| **Part 3 – FFATA Reporting Data: Institutional Portfolio and Funding** | | | | | |
| 1. Did federal funds from all sources make up more than 80% of your revenue in the preceding tax year? | | | | Yes | No |
| 1. Did federal funding account for $25M or more in funding in the preceding tax year? | | | | Yes | No |
| 1. Did your institution receive $300,000 or more in revenue in the preceding tax year? | | | | Yes | No |
| 1. Does your institution provide public access to executive compensation data through reports filed under 13(a) or 15(d) of the Securities Exchange Act of 1934 or section 6104 of the Internal Revenue Code of 1986? | | | | Yes | No |
| ***Do not*** *complete the remainder of this section (executive compensation) if any of the following is true:*  *Answers to questions 1-3 is* ***No****.*  *Answer to question 4 is* ***Yes****.* | | | | | |
| Please provide data on the top 5 highest compensated executives below: | | | | | |
| 1. Official Name | Click to enter | Compensation | $Click to enter | | |
|  | | | | | |
| 1. Official Name | Click to enter | Compensation | $Click to enter | | |
|  | | | | | |
| 1. Official Name | Click to enter | Compensation | $Click to enter | | |
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| 1. Official Name | Click to enter | Compensation | $Click to enter | | |
|  | | | | | |
| 1. Official Name | Click to enter | Compensation | $Click to enter | | |

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| **Part 4 – Attachments** | | | | | | | | | | | | |
| **A – Proposal Documents** | | | | | | | | | | | | |
|  | Statement of Work | | | | | | | | | | | |
|  | Budget and Budget Justification *(including cost share amounts and justification)* | | | | | | | | | | | |
|  | Cost Sharing | | | Yes | | | No | Amount | | | Click to enter | |
|  | F&A Rate Agreement | | | | | | | | | | | |
|  | Available via Web? | | | | Yes | No *(please attach)* | | | | URL: Click to enter | | |
|  |  | | | | | | | | | | | |
|  | Other Rate: | | Click to enter | | | | | | Fringe Benefit Rate: | | | Click to enter |
|  | Letter of Intent to execute Participate | | | | | | | | | | | |
|  | Other: Click to enter | | | | | | | | | | | |
| **B – Institutional Documents** | | | | | | | | | | | | |
|  | | Copy of audit or financial statements | | | | | | | | | | |
|  | | List of individuals authorized to sign on behalf of the Institution | | | | | | | | | | |
|  | | F&A rate (if applicable) | | | | | | | | | | |
|  | | Other documents necessary to demonstrate ability to manage federal funds as required by 2 CFR part 200 | | | | | | | | | | |

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| **Part 5 - Authorized Official** | | | | | | |
| The appropriate programmatic and administrative personnel involved in the application are aware of sponsor guidelines and policies and are prepared to enter into a Subrecipient Agreement consistent with the applicable flow-down requirements.  To the best of my knowledge, the enclosed represents a true, complete and accurate representation of the work to be performed and cost to be incurred in the performance of the proposed project.  I certify that I have the authority to submit this form on behalf of my Institution. | | | | | | |
| Authorized Signature |  | | Date | mm/yy/yyyy | | |
|  | | | | | | |
| Print Name and Title | Click to enter | | | | | |
|  | | | | | | |
| Mailing Address | Click to enter | | | | | |
|  | | | | | | |
| Email | Click to enter | | | | | |
|  | | | | | | |
| Phone Number | Click to enter | | | | | |
|  | | | | | | |
| Name of Individual Completing Form  *(if different than Authorized Official)* | | Click to enter | | | Date | mm/dd/yyyy |
|  | | | | | | |
| Print Name and Title | | Click to enter | | | | |