

SUBCONTRACTOR WORKSHEET

The following information is required before a Subrecipient Agreement can be drafted by the Office of Grants and Research Administration for the Principal Investigator's approval. Please be sure that the worksheet is complete and the information is current and accurate. Please submit the completed worksheet to OGRA at the above address. TYPE OR PRINT YOUR RESPONSES.

Subrecipient Information:					
Name:					
Company:					
Address:					
City:		State:		Zip Code:	
FEIN		DUNS		Soc. Sec.	
Is the Subrecipient a Foreign Entity? Yes [] No [] If yes, please give the name of the country of residence and citizenship status if located in the United States.					
Country (if not USA)		Citizenship Status:			
Grant Award Information:					
CSU PI					
Award No.		Agency			
Title of Project					
CFDA		Project Start Date:		Project End Date:	
Subrecipient Award Information					
Who will be the lead for this project?					
Subcontract Award	\$	Cost Share Dollars	\$	Indirect Costs	\$
Please answer the following questions:					
Will the work be performed on the Subrecipient's site? Yes [] No [] If No, please state where the work will be performed:					
Will all or part of the work contracted be performed by an entity other than the Subrecipient? Yes [] No [] If Yes, please give the name and contact information of the outside entity:					

Description of the Services to be Provided

Detailed Scope of Work to be Performed as it should be written in the subcontract. If there is a signed Memorandum of Understanding, please attach to this worksheet. If there are contractors outside of the primary subcontractor please include their contribution to the scope of work and copies of contractual agreements. (Please attach the information separately if the space below is insufficient):

SAMPLE

Describe the reporting details and reporting deadlines as it should be written in the subcontract:

Describe the method of compensation. *Please be aware that it is the policy of Chicago State University that compensations to Subrecipient be based on documented reimbursable costs. All invoices submitted to Chicago State University 'MUST' be detailed and itemized with all costs supported by documentation.*

Subrecipient Detailed Budget:

SAMPLE

Subrecipient and Chicago State University Principal Investigator acknowledge that they have read the Subcontractor Worksheet Cover Letter and accept the role of CSU as the responsible Fiscal Agent of the grant award and that as Fiscal Agent CSU is responsible for the monitoring of expenses by both the Principal Investigator and Subrecipient as described by the contracted Scope of Work. By signing this worksheet the Subrecipient agrees to meet and work with the representatives from the Office of Grants and Research Administration to ensure compliance of all federal and/or state regulatory guidelines as it pertains to this award.

Subcontractor: _____
PRINT NAME SIGNATURE DATE

CSU PI: _____
PRINT NAME SIGNATURE DATE

AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE

It is not sufficient for agencies to simply pass funding on to second or third parties such as Subrecipients. Rather, a system must be established to monitor how those funds are being spent and ensure these monies are being spent for the specified purpose. Subrecipient monitoring includes many aspects, such as reviewing and receiving grant or audit reports, as well as some level of on-site reviews, progress reports, financial review and/or inspections.

The Fiscal Control and Internal Auditing Act (FCIAA), enacted in 1989, require State agencies to establish, maintain, and annually evaluate their internal control systems. Agency internal control systems must reasonably assure compliance with applicable law and effective agency management which include determining if the financial management and the accounting system of the Subrecipient are adequate to account for program funds in accordance with state and federal laws and regulatory guidelines. To this purpose the Office of Grants and Research Administration require the completion of the Audit Certification and Financial Status Questionnaire be completed by the Subrecipient to determine the status of fiscal stability.

Subrecipient Information:						
Name:					Date:	
Company:						
Address:						
City:		State:		Zip Code:		
FEIN		DUNS		Soc. Sec.		
Is the Subrecipient a Foreign Entity? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give the name of the country of residence and citizenship status if located in the United States.						
Country (if not USA)				Citizenship Status:		
Grant Award Information:						
CSU PI						
Award No.			Agency			
Title of Project						
CFDA		Project Start Date:		Project End Date:		

Audit Certification

This section is for the Subrecipient’s most recently completed fiscal year. Respond to A, B or C, below, by checking the section which is applicable:

___A. The Subrecipient has been audited by a U.S. Government audit agency or by an independent CPA firm. The most recent external independent audit(s) of the Subrecipient have been completed for:

Fiscal Year 20___: **From** _____ (MM/DD/YYYY) **To** _____ (MM/DD/YYYY).

Attach a complete and correct copy or link of the audit report for our review.

OR

___B. The Subrecipient has not been audited by a U.S. Government audit agency or by an independent CPA firm within the last two years.

True and correct information concerning the Subrecipient’s finances is provided in the following **Financial Status Questionnaire**

OR

___C. The Subrecipient has never been audited by a U.S. Government audit agency or by an independent CPA firm.

Subrecipient must complete the Office of Grants and Research Administration’s **Subrecipient Risk Assessment Report** which is conducted by the Compliance Administrator.

SAMPLE

Financial Status Questionnaire

Please complete the following sections by checking the boxes next to ‘Yes’ or ‘No’:

General Information:		
1.	Does your organization have its financial statements reviewed by an independent public accounting firm? (Please enclose a copy of the most recent financial report for your organization, audited or unaudited.)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
2.	If your organization been audited by a government agency within the last three years, please enclose a copy or provide a link to the audit report.	<input type="checkbox"/> Yes or <input type="checkbox"/> No

3.	Are duties separated so that no one individual has complete authority over an entire financial transaction?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
4.	Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Cash Management

5.	Are all disbursements properly documented with evidence of receipt of goods or performance of services?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
6.	Are all bank accounts reconciled monthly?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Payroll

7.	Are payroll charges checked against program budgets?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
8.	Does your organization have a system to track paid time, particularly time charged to grants, contracts or cooperative agreements?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Procurement

9.	Are there procedures to obtain goods and services at competitive prices?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
10.	Is there an effective system of authorization and approval of: a. capital equipment expenditures? b. travel expenditures?	<input type="checkbox"/> Yes or <input type="checkbox"/> No <input type="checkbox"/> Yes or <input type="checkbox"/> No

Property Management

11.	Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
12.	Are there procedures in place to authorize and account for the disposal of property and equipment?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
13.	Are detailed property records periodically checked by physical inventory?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Allocating Cost		
14.	Does the organization ensure that all costs charged to grants, contracts and cooperative agreements are legitimate and appropriate?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Facilities and Administrative Costs (Indirect Costs)		
15.	Does the organization have a Federally negotiated Facilities and Administrative rate? (If so, please provide a copy or link of the most recent negotiated indirect cost rate agreement.)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
16.	Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts and cooperative agreements?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Thank you for completing the above questionnaire. Please return this form to:

Dr. David Kanis
Interim Associate Vice President
Office of Grants and Research Administration
9501 South King Drive
Cook Building, Suite 303
Chicago, Illinois 60628-1598

If you have any questions, please call the Office of Grants and Research Administration at 773-995-3598 or email Dr. Kanis at dkanis@csu.edu

SAMPLE

<p><i>The Post-Grant and Compliance Administrator and Interim Associate Vice President of Sponsored Programs at Chicago State University hereby certify that they have reviewed the above information and that it is correct and current and that supporting documentation where requested is on file in the Office of Grants and Research Administration:</i></p>	
<p>_____ Date _____</p>	<p>_____ Date _____</p>
<p>Ditas Vidad Grants Compliance Administrator Office of Grants and Research Administration</p>	<p>David Kanis, Ph.D. Interim Associate Vice President Office of Grants and Research Administration</p>

SUBRECIPIENT COMMITMENT FORM

Subrecipient Legal Name: _____
Subrecipient PI Name: _____
Address: _____ City: _____ State: _____
Address where work will be performed: _____ City: _____ State: _____
Proposal Title: _____
Performance Period Begin Date: _____ End Date: _____
CSU's PI Name: _____
Prime Sponsor: _____

SECTION A - Proposal Documents

The following documents are included in our proposal submission and covered by the certifications below (check as applicable):

- DETAILED STATEMENT OF WORK (required)
BUDGET AND BUDGET JUSTIFICATION (required)
Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format
Resumes of all Key Personnel, in agency-required format
Licenses and Certifications:
Other:

SECTION B - Certifications

- 1. Facilities and Administrative Rates included in this proposal have been calculated based on:
2. Fringe Benefit Rates included in this proposal have been calculated based on:
3. Small Business Concern
4. Cost Sharing
5. Human Subjects
6. Animal Subjects

SUBRECIPIENT COMMITMENT FORM

7. Conflict of Interest (applicable to NIH, NSF, or other sponsors that have adopted the federal financial disclosure requirements)

- Not applicable because this project is not being funded by NIH, NSF, or other sponsor that has 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, (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 subrecipient's conflict of interest policy prior to the expenditures of any funds under any resultant agreement.

8. Debarment and Suspension

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? Yes No
(if "Yes", explain in Section D *Comments* below)

The Subrecipient certifies they: (answer all questions below)

- are are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts
- are are not presently indicted for, or otherwise criminally or civilly charged by a government entity within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract of 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
- have have not within three (3) years preceding this offer, had one or more contracts terminated for default by any federal agency

10. As part of its enforcement efforts, OFAC publishes a list of individuals and companies owned or controlled by, or acting for or on behalf of, targeted countries. It also lists individuals, groups, and entities, such as terrorists and narcotics traffickers designated under programs that are not country specific. Collectively, such individuals and companies are called "Specially Designated Nationals" or "SDNs." Their assets are blocked and U.S. persons are generally prohibited from dealing with them.

By signing this document Subrecipient certifies that their organization will use these grant funds in compliance with all applicable U.S. anti-terrorism laws and regulations including, but not limited to those promulgated by the Department of Treasury, the Department of Justice, Executive Order 13224 and the Global Terrorism Sanctions Regulations set forth in 31 CFR Part 594. Without limiting the generality of this Section, you agree that, to the extent legally mandated, none of these grant funds will be paid, distributed, contributed, given or otherwise knowingly made available to, or for use by, any person or firm listed on the United States Government's Terrorist Exclusion List or the list of specially designated nationals and blocked persons maintained by the United States Treasury Department's Office of Foreign Assets Control. Subrecipient acknowledges that should any change in circumstances occur during the fund period of this grant, Chicago State University will be notified as soon as possible.

SECTION C - Audit Status

9. Audit Status

- Subrecipient receives an annual audit in accordance with OMB Circular A-133.
Most recent fiscal year completed: FY _____
Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.) Yes No
Please attach a complete copy of your most recent A-133 audit report or provide the URL link to a complete copy.
- Subrecipient DOES NOT receive an annual audit in accordance with OMB Circular A-133.
Subrecipient is a: Non-profit entity (under federal funding threshold)
 Foreign entity
 For profit entity
 Government entity

Please complete an **Audit Certification and Financial Status Questionnaire**. A limited scope audit may be required before a subaward will be issued.

SUBRECIPIENT COMMITMENT FORM

SECTION D - Comments

APPROVED FOR SUBRECIPIENT

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy 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 Subrecipient's own risk.**

Signature of Subrecipient's Authorized Official	Legal Name of Subrecipient's Organization/Institution
Name and Title of Authorized Official	Address
Email	City, State, Zip
Phone	Federal Employer Identification Number (EIN)
Date	DUNS or DUNS+4 number
	Subrecipient's Congressional District

Is Subrecipient owned or controlled by a parent entity? Yes No

If "Yes", please provide the following:

Parent Entity Legal Name: _____

Parent Entity Address, City, State, Zip: _____

Parent Entity Congressional District: _____

Parent Entity DUNS: _____

Parent Entity EIN: _____

The Pre-Grant and Contracts Administrator and Associate Vice President of Sponsored Programs at Chicago State University hereby certify that the above information is correct and current and that the requested paperwork is on file in the Office of Grants and Research Administration:

_____ Date _____

Ditas Mesina Vidar
Grants Compliance Administrator
Office of Grants and Research Administration

_____ Date _____

David Kanis, Ph.D.
Interim Associate Vice President of Sponsored Programs
Office of Grants and Research Administration

**Federal Funding Accountability and Transparency Act (FFATA) Request Form
Chicago State University – Office of Grants and Research Administration**

Chicago State University is required under the Federal Funding Accountability and Transparency Act (FFATA) to collect subrecipient information for transactions exceeding \$25,000.

Subaward Amount	Transaction Type	Prime Federal Agency
CFDA No (Federal grants)	NAIC (Federal contracts)	Program Source
Award Title	CSU Grant Number	CSU Principal Investigator

Legal Name of Entity Receiving Subaward	
DUNS Number + 4	Parent Entity DUNS Number (if applicable)
Location of Entity Receiving Award	
City	State
Zip + 4	Country
Primary Location of Performance	
City	State
Zip + 4	Country

Total Compensation and Names of Top Five Executives (if applicable*)	
<i>Name</i>	<i>Compensation Amount</i>
1.	
2.	
3.	
4.	
5.	

*Please check box below for exemption from reporting if in the preceding fiscal year ALL of the following applied	
<input type="checkbox"/>	<ul style="list-style-type: none"> ❖ Recipient did not receive more than 80% or more of its annual gross revenues in Federal awards (federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements); ❖ and the recipient did not receive \$25,000,000 or more in annual gross revenue from Federal awards; ❖ and the public does not have access to information about compensation of the senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a)) or section 6104 of the Internal Revenue Code of 1986

Chicago State University will not endorse your subaward until this form is completed and returned to OGRA , Chicago State University, Email: ogra@csu.edu; Fax: 773-995-2490