



# WPI

## SUBRECIPIENT MONITORING FORM

Any organization planning to enter into a collaborative subrecipient relationship with WPI must complete this form prior to initial collaboration. **This form will be considered valid for three (3) years from the date of signature by the organization's Authorized Official.**

Please complete the form and submit the final signed copy to the attention of the WPI's Assistant Director of Subawards and Subcontracts via email: [resadm@wpi.edu](mailto:resadm@wpi.edu) or fax: 508-831-5789.

**SECTION A: Subrecipient Information**

<b>Legal Name:</b> _____	<b>DUNS #:</b> _____ (Dun & Bradstreet)
<b>Organization's Address: Include ZIP Code + 4 last digits or other postal code:</b>  	<b>Congressional District:</b> _____ (if in U.S.)
<b>Performance Site Address (if different from above): Include ZIP Code + 4 last digits or other postal code:</b>  	<b>Congressional District:</b> _____ (if in U.S.)
<b>What is the subrecipient's classification? (Check all applicable)</b> <input type="checkbox"/> Large Business <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Small Business <input type="checkbox"/> Government Entity <input type="checkbox"/> Historically Black College / University <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Tribal <input type="checkbox"/> Historically Underutilized Business Zone <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Volunteer Organization <input type="checkbox"/> Minority Owned Institution <input type="checkbox"/> Other _____	
<b>Domestic Organizations:</b> <b>EIN:</b> _____ (Federal Employer Identification Number) <b>Registered in Sam.gov?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Expiration Date:</b> <u>  </u> / <u>  </u> / <u>  </u> <b>CAGE Code:</b> _____ (Commercial and Government Entity)	<b>International Organizations:</b> <b>NAIS Code:</b> _____ (North American Industry Classification System) <b>NCAGE Code:</b> _____ (NATO Commercial & Governmental Entity Code)

**Executive Compensation (complete when collaborating on a U.S. federal project only):**

- Yes**    **No**   During the previous fiscal year my organization received eighty percent (80%) or more of its annual gross revenues in federal awards AND twenty-five million dollars (\$25M) or more in annual gross revenues from federal awards.
- 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 Act of 1934 15 U.S.C. 78m(a), 78(d) or section 6104 of the Internal Revenue Code of 1986?



# WPI

## SUBRECIPIENT MONITORING FORM

### SECTION B: Subrecipient Eligibility and Certifications

#### 1. Please answer the following questions BEFORE completing the rest of the form.

Yes  No Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal department or 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"?

#### 2. Debarment and Suspension Information (check as applicable):

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 assistance programs or activities?

Yes  No Is the 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 agency?

**NOTE:** *If you answered "Yes" to any of the above questions it will not be possible to establish a subagreement with your organization and you need not complete the remaining sections of this form. Please notify the WPI OSP and Principal Investigator (PI) of any issues as soon as possible.*

#### 3. Conflict of Interest (applicable only to PHS, NSF and other 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,

(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.

Subrecipient **does not** have an active and/or enforced conflict of interest policy and agrees to abide by WPI's policy, located at <http://www.wpi.edu/offices/policies/>.

#### 4. Lobbying:

Yes  No My organization certifies that no payments have been paid or will be paid 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," attach explanation.)



# WPI

## SUBRECIPIENT MONITORING FORM

### 5. Audit Status / Fiscal Responsibility:

Yes  No Does your organization have an annual audit in accordance with OMB Circular A-133?

If "Yes", please provide a link to the report: \_\_\_\_\_

Or submit a copy to the attention of the AD of Subawards & Subcontracts using the information provided on the first page.

If "No," please indicate why your organization is not subject to A-133 audit requirements:

- My organization is a non-profit that expended less than \$500,000 in U.S. federal funds during our previous fiscal year.
- My organization is a foreign entity.
- My organization is a for-profit entity.
- My organization is a U.S. government entity.

### 6. Does the Subrecipient have formal written policies that address the following:

- |  |                                     |  |                         |
|--|-------------------------------------|--|-------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Facilities and Administrative Rates | <input type="checkbox"/> Yes <input type="checkbox"/> No | Export Controlled Work  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Pay Rates and Benefits              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Effort Reporting System |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Time and Attendance                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Travel Policy           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Leave                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Accounting Systems      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Discrimination                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Purchasing System       |

### SECTION C: Authorized Official Approval

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

**No work involving human subjects and/or animals may begin until the subrecipient has obtained registered Institutional Review Board and/or Animal Care and Use Committee review and approval.**

If applicable, Subrecipient agrees to provide an updated form if there are any changes.

Signature of Subrecipient's Authorized Official

\_\_\_\_\_

Date: \_\_\_\_\_

Name and Title of Authorized Official:

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

If Subrecipient is owned or controlled by a parent entity, please provide the following information:

Parent Entity Legal Name:

\_\_\_\_\_

Parent Entity Address, City, State, ZIP+4:

\_\_\_\_\_

Parent Entity Congressional District: \_\_\_\_\_

Parent Entity DUNS: \_\_\_\_\_

Parent Entity EIN: \_\_\_\_\_