SUBRECIPIENT MONITORING FORM

This form will be considered valid for three (3) years from the date of signature by your organization's Authorized Official.

SECTION	A: SUB	RECIPIENT INFORMATION	
Legal Nam	ne:		DUNS # (Dun & Bradstreet):
Organizat	ion's Adc	ress (Include ZIP Code + 4 or other postal code):	Congressional District (if in U.S.):
		Address (if different from P Code +4 or other postal code:	Congressional District (if in U.S.):
What is th	ne subrec	ipient's classification? (Check only if applicable)	
Large E	Business	Veteran-Owned Small Business Government Enti	ty Historically Black College I University
Small [Disadvant	aged Business Tribal Historically Underutilized Busin	ess Zone Woman-Owned
Volunt	eer Orgai	nization Minority Institution/Owned	
Domestic	Organiza	tions:	International Organizations:
Federal Er	nployer l	dentification Number	NAIS Code:
Registered	d in CCR?	Yes No Expiration Date:	(North American Industry Classification
CAGE Cod	-		System)
(Commerc	cial and G	overnment Entity)	(NCAGE) Code:
Executive (Compens	ation (complete when collaborating on a U.S. federal proje	ct only):
Yes	No	During the previous fiscal year my organization received eig in federal awards AND twenty-five million dollars (\$25M) o	
Yes	No	My organization regularly reports information on the comp 13(a) or 15 (d) of the Securities Exchange Act of 1934 (1 Revenue Code of 1986?	
Name of Su	ubrecipie	nt Project Director/PI (Required):	
Phone:		Email:	
Amount of	Funding	Requested by Subrecipient: \$	
Cost Sharir	ng Provid	ed by Subrecipient (if applicable): \$	
SECTION	B: SUB	RECIPIENT ELIGIBILITY AND CERTIFICATIONS	
1. Please a	answer th	ne following questions BEFORE completing the rest of the f	orm.
Yes	No	Is your organization presently debarred, suspended, voluntarily excluded from participation in any Federa	
Yes	No	Is your organization delinquent on repayment of any and other debt as defined in OMB Circular A-129, "M	

2. Lobbying (for U.S. federal projects only):

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.)

SECTION B: SUBRECIPIENT ELIGIBILITY AND CERTIFICATIONS

4. Additional Debarment and Suspension Information (check as applicable):

Yes	No	Is the project director(or any other employee planning to participate in this project) debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities? (If"Yes," attach explanation.)
Yes	No	Is the organization presently indicted for, or otherwise criminally or civilly charged by a government entity? (If "Yes," attach explanation.)
Yes	No	Has the organization within three (3) years preceding this offer had one or more contracts terminated for default by any federal agency? (If "Yes," attach explanation.)

5. Audit Status / Fiscal Responsibility:

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

If "Yes", please provide a link:

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.

If "Yes", respond to the following:

Yes No Has your organization's A-133 audit been completed for the most recent fiscal year?

Yes No Were there any findings or exceptions noted? If "Yes" attach an explanation.

Please note: Your most recent A-133 audit report will be requested prior to the establishment of a subaward.

6. Does the Subrecipient have a formal, written personnel policy that addressed the following:

Pay Rates and Benefits	Yes	No
Time and Attendance	Yes	No
Leave	Yes	No
Discrimination	Yes	No
Federally Approved Travel Policy	Yes	No
Federally Approved Purchasing System	Yes	No

SECTION C: AUTHORIZED REPRESENTATIVE APPROVAL

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.

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: