

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: SUBRECIPIENT INFORMATION	
Legal Name:	DUNS # (Dun & Bradstreet):
Organization's Address (Include ZIP Code + 4 or other postal code):	Congressional District (if in U.S.):
Performance Site Address (if different from above): Include ZIP Code +4 or other postal code:	Congressional District (if in U.S.):
What is the subrecipient's classification? (Check only if applicable) Large Business Veteran-Owned Small Business Government Entity Historically Black College I University Small Disadvantaged Business Tribal Historically Underutilized Business Zone Woman-Owned Volunteer Organization Minority Institution/Owned	
Domestic Organizations: Federal Employer Identification Number Registered in CCR? Yes No Expiration Date: _____ CAGE Code: (Commercial and Government Entity)	International Organizations: NAIS Code: (North American Industry Classification System) (NCAGE) 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?

Name of Subrecipient Project Director/PI (Required): _____

Phone: _____ **Email:** _____

Amount of Funding Requested by Subrecipient: \$ _____

Cost Sharing Provided by Subrecipient (if applicable): \$ _____

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. 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 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.

Signature of Subrecipient's Authorized Representative:

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

Date: _____

Parent Entity Legal Name: _____

Name and Title of Authorized Official

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

Email: _____

Phone: _____

Fax: _____

Parent Entity Congressional District: _____

Parent Entity DUNS: _____

Parent Entity EIN: _____