



## Subrecipient Risk Assessment Questionnaire

This questionnaire will be used to assess the subrecipient's risk and provide the necessary information for issuance of a subaward agreement.

### Section A -Core Information

Subrecipient Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subrecipient PI Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address where research will be performed:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Performance Period Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

RFSUNY PI Name: \_\_\_\_\_

Prime Sponsor: \_\_\_\_\_

Requested Sub Amount: Year One: \_\_\_\_\_ All Years: \_\_\_\_\_

Subrecipient's Federal Employer Identification Number (EIN) \_\_\_\_\_ Subrecipient's DUNS number \_\_\_\_\_

Subrecipient's Congressional District \_\_\_\_\_ Place of Performance Congressional District if different \_\_\_\_\_

Subrecipient's Organizational Type \_\_\_\_\_ CAGE Code \_\_\_\_\_

Registered in SAM?  Yes  No

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: \_\_\_\_\_

## Section B -Proposal Documents

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

- STATEMENT OF WORK (required)**
- BUDGET AND BUDGET JUSTIFICATION (required)**
- Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format
- Biosketches of all Key Personnel, in agency-required format (if required by agency)
- Other:

## Section C - Certifications

**1. Facilities and Administrative Rates** included in this proposal have been calculated based on:

- Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. (If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement.)
- Other rates please specify \_\_\_\_\_
- Not applicable – Subrecipient is not requesting payment of F&A costs

**2. Fringe Benefit Rates** included in this proposal have been calculated based on:

- Rates consistent with or lower than our federally-negotiated rates.  
(If this box is checked, please attach a copy of your FB rate agreement or provide a URL link to the agreement.)
- Other rates please specify \_\_\_\_\_

**3. Small Business Concern**  Yes  No

Subrecipient represents that it is a small business concern as defined in 13 CFR 124.1002.

If "Yes": Subrecipient represents that it is a:

- Small disadvantaged business as certified by the Small Business Administration
- Women-owned small business concern
- Veteran-owned small business concern
- Service-disabled veteran-owned small business concern
- HUBZone small business concern
- Other: \_\_\_\_\_

**4. Cost Sharing**  Yes  No

If "Yes":

Amount: \_\_\_\_\_

Cost sharing, matching and/or in-kind amounts and justification should be included in the Subrecipient's budget. Any offered cost share is considered a binding fiscal obligation and must be documented accordingly. The Research Foundation reserve the right to withhold payment in the event cost share commitment is not met.

**5. Human Subjects**  Yes  No

Approval Date: \_\_\_\_\_ FWA number: \_\_\_\_\_ Date: \_\_\_\_\_

**If "Yes":** Copies of the IRB approval and approved "Informed Consent" form must be provided before any subaward will be issued. Please forward these documents to RFSUNY PI as soon as they become available.

**If "Yes":** Have all key personnel involved completed Human Subjects Training?  Yes  No

**6. Animal Subjects**  Yes  No

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

**If "Yes":** A copy of the IACUC approval must be provided before any subaward will be issued. Please forward this document to RFSUNY PI as soon as it becomes available.

**7. Responsible Conduct of Research:**

Yes  No Subrecipient certifies that it has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with prime awarding agency's RCR requirements.

**8. Lobbying (for U.S. federal projects only):**

Yes  No Subrecipient 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.)

**9. Conflict of Interest:**

Subrecipient 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" and 45 CFR Part 94 "Responsible Prospective Contractors." Subrecipient also certifies that, to the best of Subrecipient's knowledge, (1) all financial disclosures will be 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 and within a timely manner sufficient to enable timely FCOI reporting.

- Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to adopt RFSUNY's policy.

Subrecipient certifies that the required training will be completed by each investigator prior to engaging in any research related to any funded contract/grant. For those adopting RFSUNY's policy, the training is located online at [\(add link or remove sentence\)](#).

### 10. Debarment and Suspension

The Subrecipient certifies the entity, PI or any other employee or student participating in this project: (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
- have**  **have not** 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

### Section C – Audit Status

### 11. Audit Status

Does Subrecipient conduct an annual audit in accordance with OMB Regulations (2 CFR Part 200.331 (f) or Circular A-133, as applicable)?

Most recent fiscal year completed: FY

Were any audit findings specifically related to subawards from the Research Foundation for SUNY reported?  Yes  No If "Yes," explain in Section E, Comments, below.

Does the most recent audit report reveal any of the following:

- Yes  No    Material Weaknesses
- Yes  No    Significant Deficiencies
- Yes  No    Instances of Material Non-compliance

If “Yes” to any of the above, indicate in Section E what actions are being taken to resolve.

- Subrecipient DOES NOT receive an annual audit in accordance with OMB Regulations (2 CFR Part 200.331 (f) or Circular A-133, as applicable).

Subrecipient is a:

- Non-profit entity under federal funding threshold
- Foreign entity
- For profit entity
- Government entity

**Please attach a complete copy of your most recent single audit report or independent audit or provide the URL link to a complete copy.**

Note: All entities may be subject to review of their Dun & Bradstreet reports.

Should the risk assessment indicate the potential need, RFSUNY reserves the right to conduct additional monitoring by:

- requesting and reviewing audit reports
- performing random audits
- performing site visits to observe program operations
- reviewing financial records
- other actions as necessary

**Section E – Comments (Use additional pages if necessary)**

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 sponsor 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.**

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Signature of Subrecipient's Authorized Official

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Name and Title of Authorized Official

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Subrecipient's Legal Name

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Email

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Phone