



AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE

This form is a requirement and should be completed in its entirety for all Subrecipients that do not receive an annual audit in accordance with [2 CFR 200 Subpart F](#).

SECTION A: Organization Information

Legal Name of Subrecipient's Organization/Institution		Subrecipient Technical Lead
Address		City, State, Zip
Federal Employer Identification Number (EIN)	Unique Entity ID	Congressional District/s
Subrecipient Parent Entity Legal Name (if applicable)		Subrecipient Parent Entity Address
Parent Entity Congressional District	Unique Entity ID	Parent Entity Employer Identification Number (EIN)
UCF's Prime Sponsor	UCF's Technical Lead	Proposed Project Period
Project Title		

SECTION B: Audit Certification

Audit Certification for Subrecipient's Most Recently Completed Fiscal Year:

(Check either A or B below, as applicable)

A

External independent audits of my organization/company have been completed for my organization's most recent Fiscal Year ending:

A true, complete and correct copy of the audit report is attached and hereby provided.

Please complete Questions 1 – 7 and 21 – 26 below

OR

B

My organization/company has **not** been audited by a U.S. Government audit agency or by an independent CPA firm for the most recent Fiscal Year ending:

True and correct information concerning my organization's finances and fiscal policies is provided in the attached Financial Status Questionnaire, and in the attached financial Statements covering the Fiscal Year noted above.

IF SECTION B ABOVE WAS SELECTED, COMPLETE THE FINANCIAL QUESTIONNAIRE BELOW.

GENERAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does your organization have its financial statements reviewed by an independent public accounting firm? If you, please enclose a copy of the most recent financial statements for your organization, audited or unaudited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a governmental agency or independent public accountant? Explain. If yes, please provide a copy of any recent external audit report.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does your organization maintain current, accurate information in the System for Award management (SAM) website (https://www.sam.gov/)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	4.	Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements? If not, briefly describe how your organization prevents discrimination.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5.	Does your organization have internal controls that can provide reasonable assurance that your organization manages, evaluates and monitors pass-through awards from Federal sponsors in accordance with required Federal statutes, regulations, and the terms and conditions required of a pass-through award?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6.	Does your organization have the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7.	Does your organization have any outstanding audit findings which would impact contract costs? If yes, please provide a copy of the most recent report describing the report and the corrective action plan, including the anticipated completion date of the corrective action plan.

CASH MANAGEMENT

<input type="checkbox"/> Yes <input type="checkbox"/> No	8.	Are duties separated so that no single individual has complete authority over an entire financial transaction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9.	Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10.	Are all disbursements properly documented with evidence of receipt of goods or performance of services?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11.	Does your organization have a cash forecasting process which will minimize the time elapsed between the receipt and the disbursement of those funds?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12.	Are all bank accounts reconciled monthly?

PAYROLL

<input type="checkbox"/> Yes <input type="checkbox"/> No	13.	Are payroll charges checked against program budgets?
	14.	What system or procedure does your organization use to control paid time, especially time charged to sponsored agreements?

PROCUREMENT

<input type="checkbox"/> Yes <input type="checkbox"/> No	15.	Are there procedures to ensure procurement at competitive prices?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16.	Is there an effective system to authorize and approve:
<input type="checkbox"/> Yes <input type="checkbox"/> No		a) capital equipment expenditures?
<input type="checkbox"/> Yes <input type="checkbox"/> No		b) travel expenditures?

PROPERTY MANAGEMENT

<input type="checkbox"/> Yes <input type="checkbox"/> No	17.	Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18.	Are detailed property records periodically checked by physical inventory?
	19.	Briefly describe the organization's policies concerning property management (capitalization, depreciation and disposal).

COST TRANSFERS

<input type="checkbox"/> Yes <input type="checkbox"/> No	20.	Does the organization have procedures to separate charges among multiple projects and, if applicable, procedures to manage cost transfers among projects to ensure that all cost transfers are appropriate?
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INDIRECT COSTS

<input type="checkbox"/> Yes <input type="checkbox"/> No	21.	Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? (Please provide a copy of any negotiated indirect cost rate agreement or URL.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	22.	Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges and cost transfers to all grants, contracts and cooperative agreements? Explain.

COST SHARING

<input type="checkbox"/> Yes <input type="checkbox"/> No	23.	Is cost share being committed to the project? If so, how does the organization determine that it has met its cost sharing obligations, that the costs have not been allocated to another Federal award, and that the cost share funds were not paid by the Federal government under another award?
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COMPLIANCE

<input type="checkbox"/> Yes <input type="checkbox"/> N/A	24.	If human subject use is included in your statement of work:
		a) What is your Federal wide Assurance Number?
		b) What is your IRB Protocol Approval Number and Expiration Date? Attach a copy of your approval letter to this form.
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	25.	If vertebrate animals are used in your statement of work:
		a) Are you accredited by the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No
		b) What is your IACUC Protocol Approval Number and Expiration Date? Attach a copy of your approval letter to this form.
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	26.	If your project is deemed as export controlled, do you have a Technology Control Plan for the project and facility? Have you obtained the required licenses, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACHMENTS *(check all that apply)*

<input type="checkbox"/>	A.	External Independent Audit (either A or B is required to be included with this form)
<input type="checkbox"/>	B.	Financial Statements, Audited or Unaudited (either A or B is required to be included with this form)
<input type="checkbox"/>	C.	Indirect Cost Rate Agreement
<input type="checkbox"/>	D.	IRB Protocol Approval Letter
<input type="checkbox"/>	E.	IACUC Protocol Approval Letter

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 performed and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

Signature of Subrecipient's Authorized Official	Date
Name and Title of Authorized Official	Address
Email	Phone Number