



AUDIT CERTIFICATION AND FINANCIAL STATUS QUESTIONNAIRE

Subrecipients must complete this form prior to receiving an subaward from UCF. Please complete and return this form to the UCF Authorized Representative below.

SECTION A: Organization Information

Legal Name of Subrecipient's Organization/Institution		Subrecipient Technical Lead
Address		City, State, Zip
Federal Employer Identification Number (EIN)	DUNS or DUNS+4 Number	Congressional District/s
Subrecipient Parent Entity Legal Name (if applicable)		Subrecipient Parent Entity Address
Parent Entity Congressional District	Parent Entity DUNS or DUNS+4 Number	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

YES	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.
YES	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.
YES	No	3. Does your organization maintain current, accurate information in the System for Award management (SAM) website (https://www.sam.gov/)?

YES	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.
YES	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?
YES	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?
YES	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

YES	No	8.	Are duties separated so that no single individual has complete authority over an entire financial transaction?
YES	No	9.	Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?
YES	No	10.	Are all disbursements properly documented with evidence of receipt of goods or performance of services?
YES	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?
YES	No	12.	Are all bank accounts reconciled monthly?

PAYROLL

YES	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

YES	No	15.	Are there procedures to ensure procurement at competitive prices?
YES	No	16.	Is there an effective system to authorize and approve:
			a) capital equipment expenditures?
YES	No		b) travel expenditures?

PROPERTY MANAGEMENT

YES	No	17.	Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?
YES	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

YES	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

YES 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.)
YES 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

YES 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

YES N/A	24.	If human subject use is included in your statement of work:
		a) What is your FederalWide Assurance Number?
		b) What is your IRB Protocol Approval Number and Expiration Date? Attach a copy of your approval letter to this form.
YES 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)? YES No
		b) What is your IACUC Protocol Approval Number and Expiration Date? Attach a copy of your approval letter to this form.
YES 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? YES No

ATTACHMENTS (check all that apply)

	A.	External Independent Audit
	B.	Financial Statements, Audited or Unaudited
	C.	Indirect Cost Rate Agreement
	D.	IRB Protocol Approval Letter
	E.	IACUC Protocol Approval Letter

APPROVED FOR SUBRECIPIENT

The above information has been read, signed and made by an authorized official of the Subrecipient named herein. **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

Please return completed Subaward Commitment Form to the University of Central Florida to the attention of:

Name and Title of UCF Authorized Official or designee

Email

12201 Research Parkway, Suite 501
Address

Phone

Orlando, FL 32826-3246

City, State Zip