

AGREEMENT

REV. April 24, 2023

<i>This form is required from each subrecipient at the proposal stage.</i>			
University of Rhode Island Information:			
URI PI Name:			
URI PI Address (Zip+4)			
URI PI Email Address		Phone Number	
Project Title:			
Dates of Subaward:		Amount of Subaward:	
Prime Sponsor		Indirect Rate if Applicable	
Subrecipient Institution Information:			
Institution's Legal Name:			
Subrecipient PI			
Address:			
City, State, Zip+4:			
Phone:		Fax	
Entity URL:			
UEI (required)			
Type of organization: e.g. Non-governmental Organization (NGO), Government, Private Corporation, Educational Institution			
Is the organization incorporated or legally registered within the country of its operations? If no, please explain. If yes, please supply a copy of the registration certificate with this questionnaire.			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Please provide copies of any materials that describe the organization, mission, and history. If this information is on a website, please provide a link.			
	Name	Phone	Email
Administrative:			
Financial:			
Compliance			
Authorized Org. Representative			
Please list the number of employees in your organization:			
Full-time Employees		Part-time Employees	
Does the organization have other sources of US government funds (such as US Agency for International Development or National Institutes of Health)? If Yes, please provide the name of the US Federal Agency, the grant period, and the amount of funds.			

INTERNAL CONTROLS

Internal controls are procedures, which ensure that: 1. Financial transactions are approved by an authorized individual and adhere to laws, regulations and the organization's policies; 2. Assets are kept safely; and 3. Accounting records are complete, accurate, and maintained on a regular basis. Please complete the following questions concerning the organization's internal controls:

Are timesheets kept for each paid employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is each employee's salary stated in an employment letter or contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are equipment audits performed? If yes, how often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

ACCOUNTING SYSTEM

Subrecipients who have a current audit report performed by an independent auditor do not have to complete this section, and instead, may enclose the last two years' of audit reports.

Does the organization have written accounting policies? If yes, please provide a copy. If no, please explain how transactions are recorded, cash disbursements made and accounting systems managed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are financial reports prepared on a cash basis or accrual basis?	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual
Do accounting records record award expenditures according to budget categories such as salaries, supplies, travel, and equipment? If not, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do accounting records separate the receipts and payments of an award from the receipts and payments of other activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are invoices, vouchers, and timesheets for all payments made from award funds retained? If there are circumstances where these documents cannot be, or will not be, retained, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any cash from award funds be kept outside a bank account (in petty cash funds, etc.)? If yes, please explain the amount of funds to be kept and the name and position/title of the person responsible for safeguarding cash.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Audits

Subrecipients who have current audit reports which have been performed by an independent auditor do not have to complete this section and, instead, may enclose the last two years' of audit reports. If the organization does not have audited financial statements, please submit a copy of the organization's Balance Sheet and Revenue & Expense Statement for the current fiscal or calendar year.

The University of Rhode Island may require an audit of the subrecipient organization's accounting records. An audit is a review of accounting records by an independent accountant/firm to assess whether the financial information is correct and free of material misstatements.

Are there any reasons (local conditions, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit? If yes, please explain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Additional Comments & Special Considerations	<input type="checkbox"/> Yes <input type="checkbox"/> No
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The appropriate programmatic and administrative personnel of each institution involved in this proposal are aware of the prime sponsor's consortium agreement policy and are prepared to establish the necessary inter-institutional agreement consistent with that policy. Furthermore, Subrecipient Institution certifies that statements in the application are true, complete and accurate to the best of its knowledge. If this proposal should result in an award, URI will rely on these certifications in creating any future agreements with Subrecipient Organization.

Institutional Official Signature:		Date:	
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Name/Title:	
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Questions? Call URI Office of Sponsored Projects at 401-874-2635.

<p><u>Subrecipient is characterized as an entity that:</u></p> <ol style="list-style-type: none"> 1) Determines who is eligible to receive federal assistance; 2) Has its performance measured in relation to whether objectives of a federal program were met; 3) Has responsibility for programmatic decision making; 4) Is responsible for adherence to applicable federal program requirements specified in the federal award; and 5) In accordance with its agreement, uses the federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of a pass-through entity. 	<p><u>Contractor is characterized as an entity that:</u></p> <ol style="list-style-type: none"> 1) Provides the goods and services within normal business operations; 2) Provides similar goods or services to many different purchasers; 3) Normally operates in a competitive environment; 4) Provides goods or services that are ancillary to the operation of the federal program; and 5) Is not subject to compliance requirements of the federal program as a result of an agreement, though similar requirements may apply for other reasons.
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If needed additional Key Personnel should be listed on this sheet. Do not include if not needed.

Key Personnel Information:		
Name:		
Title:		
Address:		
City, State, Zip +4 & Country:		
Phone:	E-Mail:	NIH/NSF Credential:
Role on Project:	Degree Type:	Degree Year:
Name:		
Title:		
Address:		
City, State, Zip +4 & Country:		
Phone:	E-Mail:	NIH/NSF Credential:
Role on Project:	Degree Type:	Degree Year:
Name:		
Title:		
Address:		
City, State, Zip +4 & Country:		
Phone:	E-Mail:	NIH/NSF Credential:
Role on Project:	Degree Type:	Degree Year:
Name:		
PI Title:		
Address:		
City, State, Zip +4 & Country:		
Phone:	E-Mail:	NIH/NSF Credential:
Role on Project:	Degree Type:	Degree Year:
Name:		
Title:		
Address:		
City, State, Zip +4 & Country:		
Phone:	E-Mail:	NIH/NSF Credential:
Role on Project:	Degree Type:	Degree Year: