



### SUBRECIPIENT CHECKLIST FOR SUBAWARD UNDER PTAP #

When submitting a subaward proposal to LUC, the subrecipient should complete this form and return it to the LUC Administrative Contact, along with the following:

Subrecipient legal name:	
Total funds requested:	Period of performance: _____ to _____

- STATEMENT OF WORK (required)                       BUDGET (required)  
 BUDGET JUSTIFICATION (required)                       F&A RATE AGREEMENT (if applicable)  
 FRINGE BENEFIT RATE AGREEMENT (if applicable)                       W-9/W8-BEN/W8-BEN-E (if new subrecipient)

<u>Loyola University Chicago Contacts</u>	<u>Subrecipient Contacts</u>
<b>Administrative Contact</b>	<b>Administrative Contact</b>
Name/Title: Address: 1032 W. Sheridan Rd., Granada 400 Chicago, IL 60660  Telephone: Fax: 773-508-8942 Email:	Name/Title: Address:  Telephone: Fax: Email: DUNS #:
<b>Principal Investigator or Project Director</b>	<b>Principal Investigator or Project Director</b>
Name/Title: Address:  Telephone: Fax: Email:	Name/Title: Address:  Telephone: Fax: Email:
<b>Financial Contact</b>	<b>Financial Contact</b>
Name/Title: Address: 820 N. Michigan Ave., LT 13 <sup>th</sup> fl. Chicago, IL 60611  Telephone: 312-915-8730 Email:	Name/Title: Address:  Telephone: Fax: Email:
<b>Authorized Official</b>	<b>Authorized Official</b>
Name/Title: Angelica Vaca. Address: 1032 W. Sheridan Rd., Granada 400 Chicago, IL 60660  Telephone: 773-508-2480 Fax: 773-508-8942 Email: avaca1@luc.edu	Name/Title: Address:  Telephone: Fax: Email:

## INTERNAL CONTROL CERTIFICATION – FOR SUBRECIPIENTS NOT SUBJECT TO 2 CFR SUBPART F

PLEASE ANSWER ALL QUESTIONS BELOW. DO NOT LEAVE ANY QUESTION BLANK. EXPLAIN ANY “NO or N/A” RESPONSES IN THE “EXPLANATIONS” SECTION.

YES	NO or N/A	QUESTION
<input type="checkbox"/>	<input type="checkbox"/>	<p>1. Have <b>external independent audits</b> of your organization have been completed accurately for its most current fiscal year ending _____ ?</p> <p style="margin-left: 40px;">a. If yes, attach a copy of your most recent annual financial statements, and audit opinion, if audited. Please go to question 2 and complete the remainder of the questionnaire.</p> <p style="margin-left: 40px;">b. If no, please go to question 2 and complete the remainder of the questionnaire.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>2. Does your organization maintain current, accurate information in the System for Award Management (<b>SAM</b>) <b>database</b> (the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA and EPLS)?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>3. Is your organization’s <b>financial system in accordance with U.S. generally accepted accounting principles</b>, and</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>a. Does it have the capability to identify, in its accounts, all external awards received and expended and the external programs under which they were received?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>b. Do you maintain internal controls to assure that you are managing external awards in compliance with applicable laws, regulations and the provision of contracts or grants?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>4. Does your organization have policies and procedures in place to ensure that awarded <b>funds are expended only for allowable activities</b> and that the cost of goods and services are allowable, in accordance with applicable cost principles and authorized by the approved award budget?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>5. Does your organization have procedures which provide assurance that <b>consistent treatment</b> is applied in the distribution of charges to all grants, contracts and cooperative agreements?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>6. Does your organization have policies and procedures in place to ensure that <b>funds are requested</b> in accordance with the award payment schedule if a fixed price award, or as reimbursement for expenditures only after the costs have been incurred if a cost reimbursable award?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>7. Does your organization have policies and procedures in place to ensure that subawards are issued only to <b>eligible subrecipients</b> and that amounts provided to or on behalf of eligible individuals or groups of individuals are calculated in accordance with award requirements?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>8. Does your organization have policies and procedures in place to ensure that proper records are maintained for <b>equipment</b> acquisitions, equipment is adequately safeguarded and maintained, dispositions or encumbrances of any equipment or real property are in accordance with applicable requirements, and the prime sponsor is appropriately compensated for its share of any property sold or converted to an alternate use?</p>

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Does your organization have policies and procedures in place to ensure that <b>matching requirements</b> are met using only allowable funds or costs which are properly calculated and valued?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Does your organization have policies and procedures in place to ensure that awarded funds are used only during the authorized <b>period of performance</b> ?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Does your organization have policies and procedures in place to ensure that the <b>procurement</b> of goods and services is made in compliance with applicable regulations governing competitive pricing, proper authorization and approval of expenditures for goods and services, and prevention of procurement from suspended or debarred parties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are all <b>disbursements properly documented</b> with evidence of receipt of goods or performance of services?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Does your organization have policies and procedures in place to ensure that <b>program income</b> is correctly earned, recorded, and used in accordance with program requirements?  |

Provide explanation of any "No or N/A" response:

**APPROVAL BY SUBRECIPIENT**

**THIS BOX MUST BE COMPLETED**

The information, certifications and representations above have been read, signed and made by an authorized official of the subrecipient named herein. 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 Official

\_\_\_\_\_  
Date

Title