

| Instructions: Optional fields are in blue. All other information and answers are required. | | | |
|--|---|----------------|----------|
| Entity Name: | | | |
| Date Information Last Updated: | | | |
| DATA ELEMENT | ANSWER OR INFORMATION REQUESTED | RELEVANT LINKS | COMMENTS |
| ENTITY RELATED INFORMATION - GENERAL | ANSWER OR INFORMATION REQUESTED | | COMMENTS |
| Entity Information | | | |
| Legal Entity Name (Legal name associated with DUNS Number, can be found in SAM) | | | 1 |
| Legal Entity Address (can be found in SAM as Physical Address) | | | |
| Legal Entity City (can be found in SAM as Physical Address) | | | |
| Legal Entity State (can be found in SAM as Physical Address) | <pre><click to="" view=""></click></pre> | | |
| Legal Entity State (can be found in SAM as Physical Address) | | | |
| Legal Entity Country | U.S.A. | | |
| Legal Entity Payment Address | U.S.A. | | |
| Legal Entity Congressional District (please format information as "WA-007", can be found in SAM) | | | |
| Legal Entity Fiscal Period End Date (MM/DD) | | | |
| Legal Elitity Fiscal Period Elid Date (WW/DD) | | | |
| Entity Type | | | |
| Please select your Entity type from list (same as FDP Subaward Agreement Template 3B list) : | <click to="" view=""></click> | | |
| If Entity type is not listed, please enter in the adjacent cell: | | | |
| | 1 | | |
| Small Business Concern | | | |
| Entity represents that it is a small business concern as defined in 13 CFR 124.1002. (Yes/No) | <click to="" view=""></click> | | |
| If Yes: Entity represents that it is the following type of entity: | <click to="" view=""></click> | | |
| If Other, please specify in the adjacent cell: | | | |
| | | | |
| Parent/State/Audit Entity Information (If Entity is owned or controlled by a parent/state entity, or has a separate audit entity) | | | |
| Is Entity owned or controlled by a parent/state/audit entity? (Yes/No) | <click to="" view=""></click> | | |
| Parent/State/Audit Entity Legal Name | | | |
| Parent/State/Audit Entity Legal Address | | | |
| Parent/State/Audit Entity Legal City | | | |
| Parent/State/Audit Entity Legal State | <click to="" view=""></click> | | |
| Parent/State/Audit Entity Legal Zip + 4 | | | |
| Parent/State/Audit Entity Congressional District | | | |
| Parent/State/Audit Entity Country | U.S.A. | | |
| Parent/State/Audit Entity EIN Number (sample format: 12-3456789) | | | |
| Parent/State/Audit Entity DUNS Number (sample format: 12-345-6789) | | | |
| Parent/State/Audit Entity Contact Information | | | |
| Parent/State/Audit Entity Contact Name | | | |
| Parent/State/Audit Entity Contact Name Phone Number | | | |
| Parent/State/Audit Entity Contact Name Email | | | |
| | | | |
| Entity Identification Numbers and Codes | | | |
| Entity EIN (Employer Identification Number) (sample format: 12-3456789) | | | |
| Entity IRS Tax Determination Letter [optional field] | <click to="" view=""></click> | | |
| Entity IRS/W-9 (optional field) | <pre><click to="" view=""></click></pre> | | |
| Entity NAICS Code(s) (North American Industry Classification System) (can be found in SAM) (sample format: 123456) | | | |
| Entity DUNS Number (Data Universal Numbering System, can be found in SAM) (sample format: 12-345-6789) | | | - |
| | | | 1 |
| Entity SAM status (System for Award Management, can be found in SAM) | <pre>l<click to="" view=""></click></pre> | | |
| Entity SAM status (System for Award Management, can be found in SAM) Entity SAM Expiration Date (MM/DD/YYYY, can be found in SAM) | <click to="" view=""></click> | | |



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| Entity Name: | | | |
| Date Information Last Updated: | | | |
| DATA ELEMENT | ANSWER OR INFORMATION REQUESTED | RELEVANT LINKS | COMMENTS |
| Entity Rate Agreements | | | |
| Does Entity have a negotiated Facilities & Administrative (F&A) Rate Agreement? (Yes/No) | <click to="" view=""></click> | | |
| If Yes, please provide a link to Entity's F&A Rate Agreement in Relevant Links | | | |
| Does Entity have a negotiated Fringe Benefit (FB) Rate Agreement? (Yes/No) | <click to="" view=""></click> | | |
| If Yes, please provide a link to Entity's FB Rate Agreement in Relevant Links | | | |
| | | | |
| Department of Defense Registration Numbers | | | |
| Entity CAGE Code (Commercial And Government Entity, can be found in SAM) (sample format: 1ABC2) | | | |
| Entity NCAGE Code International (if Entity is a foreign organization) | NA for US Domestic Entities | | |
| Entity Contractor Establishment Code (CEC) (May be Entity DUNS number) [optional field] (sample format: 12-345-678A) | | | |
| Entity Directorate of Defense Trade Controls (DDTC) Registration Code (Utilized in some export control actions) [optional field] (sample format: | | | |
| A12345) | | | |
| Department of Education Registration Numbers | | | |
| Department of Education Registration Numbers | | | |
| Entity Office of Postsecondary Education (OPE) ID Number (formerly known as FICE Code) [optional field] (sample format: 001234) | | | |
| Entity Integrated Postsecondary Education Data System (IPEDS) Number [optional field] (sample format: 123456) | | | |
| Entry integrated Postsecondary Education Data System (iPEDS) Number [optional jield] (sumple Jonnat. 1254-50) | | | |
| Assurances and Agency Approvals | | | I |
| Does Entity have a HHS (US Department of Health and Human Services) /OHRP (Office of Human Research Protection) Human Subjects Federa | | | |
| Wide Assurance (FWA) approval? (Yes/No) | <click to="" view=""></click> | | |
| Entity HHS/OHRP Human Subjects FWA Number (sample format: FWA000012345.) | | | |
| Entity HHS/OHRP Human Subjects Federal Wide Assurance Expiration Date (MM/DD/YYYY) [optional field] | | | |
| Entity DOD (Department of Defense) Human Subjects FWA Addendum (optional field) (sample format: 123456) | | | |
| Does Entity have PHS (Public Health Service) /OLAW (Office of Laboratory Animal Welfare) approval? (Yes/No) | <click to="" view=""></click> | | |
| Entity PHS/OLAW Assurance Number (sample format: A1234-56) | | | |
| Entity PHS/OLAW Animal Welfare Assurance Approval Date (MM/DD/YYY) [optional field] | | | |
| Entity PHS/OLAW Animal Welfare Assurance Approval Expiration Date (MM/DD/YYYY) [optional field] | | | |
| Is Entity AAHRPP (Association for the Accreditation of Human Research Protection Programs) accredited? (Yes/No) | <click to="" view=""></click> | | |
| Entity AAHRPP Assurance Number [optional field] | | | |
| Entity AAHRPP Assurance Approval Date (MM/DD/YYYY) [optional field] | | | |
| Is Entity AAALAC (Association for Assessment and Accreditation of Laboratory Animal Care International) accredited? (Yes/No) | <click to="" view=""></click> | | |
| Entity AAALAC Accreditation Assurance Number [optional field] | | | |
| Entity AAALAC Accreditation Assurance Issue Date (MM/DD/YYYY) [optional field] | | | |
| Does Entity have USDA (United States Department of Agriculture) Research Registration Number? (Yes/No) | <click to="" view=""></click> | | |
| Entity USDA Research Registration Number [optional field] (sample format: 12-A-3456) | | | |
| Entity USDA Research Registration Expiration Date (MM/DD/YYYY) [optional field] | | | |
| Entity USDA Type of Performing Institution Designation [optional field] | | | |
| Does Entity have a NRC (Nuclear Regulatory Commission) Radioactive Materials License Number? (Yes/No) | <click to="" view=""></click> | | |
| Entity NRC Radioactive Materials License Number [optional field] (sample format: AB-C123-4) | | | |
| Description of Defense (DOD) (Office et News) Description (DND) Control Description (DND) Control Description | | | |
| Department of Defense (DOD) /Office of Naval Research (ONR) System Review/Audit Questions | | | |
| Entity Property Management System Audit (PMSA) - Approval Date (<i>MM/DD/YYYY</i>) [optional field] Entity Contractor Purchasing System Review (CPSR) - Approval Date (<i>MM/DD/YYYY</i>) [optional field] | | | |
| Entity Contractor Purchasing System Review (CPSR) - Approval Date (MM/DD/YYYY) [optional field] Entity Contractor Purchasing System Review (CPSR) - Approval Expiration Date (MM/DD/YYYY) [optional field] | | | |
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| Entity Defense Contract Audit Agency (DCAA) - Report on Audit of Estimating System Approval Date (MM/DD/YYYY) [optional field] | | | |
| Entity Defense Contract Audit Agency (DCAA) - Report on Audit of Billing System Approval Date (MM/DD/YYYY) [optional field] | | | |
| Entity Defense Contract Audit Agency (DCAA) - Report on Audit of Accounting System Internal Control Approval Date (MM/DD/YYYY) [optional field] | | | |
| ONR Administrative Contracting Officer (ACO) [optional field] | 1 | | |
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| 22 CP part 2 and 22 CP part 341; Press select one of the lobowing options (gettioned below) from the orpodowin is to the significant to enclose uniforming that is an active and enforced Conflict of interest Policy that is consistent with the provision of 22 CP part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research and 42 CP part 54". Itably is NOT registered in the CPD FCOI Clearingbouse, however does certify that it has an active and enforced Conflict of interest Policy that is consistent with the provision of 22 CP part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research and 42 CPR part 54." Itably is NOT registered in the CPD FCOI Clearingbouse, however does certify that it has an active and enforced Conflict of Interest Policy at the of proposal and award, or as needed. Itably is NOT registered in the CPD FCOI Clearingbouse, however does certify that it has an active and enforced Conflict of Interest Policy at the of proposal and award, or as needed. Itable Policy Conflicts of Interest Policy at time of proposal and award, or as needed. Itable Policy Conflicts of Interest Policy Poli | Conflict of Interest (applicable to PHS funded sponsors or those that have adopted the federal financial disclosure requirements as defined in | celiek te viewe | | |
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| CFR part 8.* | | | | |
| Inity is NOT registered in the FDP FCOI Clearingbouse, however does certify that it has an active and enforced Comflict of Interest poly and its consistent with the provision of 24 CFR Part 5.9 (42 FR Part 5 | | | | |
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| Research ² and AS CFR Part 94 "Responsibile Prospective Contractors." Contract of the provided or enforced conflict of Interest policy and agrees to adopt PTE policy. Enity will coordinate with the provided to PTE at time of proposal and award, or as needed. Image: Contract Conflict of Interest (Stip), if existing, will be provided to PTE at time of proposal and award, or as needed. Image: Conflict Stip Interest (Stip), if existing, will be provided to PTE at time of proposal and award, or as needed. Image: Conflict Stip Interest (Stip), if existing, will be provided to PTE at time of proposal and award, or as needed. Image: Conflict Stip Interest (COID) by the Entity's stew within a timely manner sufficient to enable timely FCOI reporting by PTE, as reported Stip Onter (COID) by the Entity stew within a timely manner sufficient to enable timely FCOI reporting by PTE, as reported to report and avard of federal contracts. (Yes/No) Image: Conflict Stip Interest (COID) by the Entity's stew within a timely manner sufficient to enable timely FCOI reporting by PTE, as reported to report and avard of federal contracts. (Yes/No) Image: Conflict Stip Interest (Stip Onter Stip Stip Stip Stip Stip Stip Stip Stip | | | | |
| with PTE on Instructions for following PTE policy at time of proposal and award, Names of "investigators" and their Significant financial Interests (SFIs), if existing, will be provided to PTE at time of proposal and award, or as needed. Please note: Regardless of options neetered, it is the Entity's responsibility to report to Poss-Through Entity (PTE) all conflicts determined to require they proceed on the state state (SFIs), if existing, will be provided to PTE at time of proposal and award, or as needed. Please note: Regardless of options neetered, it is the Entity's responsibility to report to Poss-Through Entity (PTE) all conflicts determined to require they proceed for detarment, or declared ineligible for award of federal contracts. (Yes/No) entity certifies to they are (Respond on each box that applies): Presenty indicated for, or otherwise criminal y or under they applied by a government entity. (Yes/No) eclek to view> Presenty indicate relations of entity is a state or local) contract of subcontract; violation of certification or sets units statutes relating to obtain, or performing a public (federal, state or local) contract of subcontract; violation of certification or sets units of entity and the property. (Yes/No) eclick to view> estate antituus to states relating to the submission of entity or default by any federal agency. (Yes/No) eclick to view> estate antituus to the soft is nowledge and belief that no Federal appropriate functions or certification or sets or sets or lis bend in connection with be paid on any eclick to view> eclick to view> eclick to view> eclick to view> eclick to v | | | | |
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| Ifferse in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract of subcontract; violation of ederal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or estruction of records, making false statements or receiving stolen property. (Yes/No) <click to="" view=""> vithin three (3) previous years, entity has had one or more contracts terminated for default by any federal agency. (Yes/No) <click to="" view=""> objuing (for U.S. federal projects only):</click></click> | Please respond to the following additional questions (kespond on each box that applies): | | | |
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| edecaral or State antifrust statutes relating to the submission of others; or commission of mebez/lement, thert, forgery, bribery, faisification or estruction of records, making false statements or receiving stolen property. (Yes/No) <click to="" view=""> vithin three (3) previous years, entity has had one or more contracts terminated for default by any federal agency. (Yes/No) <click to="" view=""> obbying (for U.S. federal projects only): Entity hereby certifies to the best of its knowledge and belief that no Federal appropriated funds 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 on its behalf in connection with the awarding of any contract. (Yes/No) <click to="" view=""></click></click></click> | offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract of subcontract; violation of | and the hot of the second | | |
| Image: series of the set of its knowledge and belief that no Federal appropriated funds 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 any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of a Member of Congress on its behalf in connection with the awarding of any contract. (Yes/No) Image: Congress on the set of the set of the set of the set of the advarding of any contract. (Yes/No) Image: Congress on the set of the set of the set of the set of the advarding of any contract. (Yes/No) Image: Congress on the set of the s | Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or | | | |
| by ing (for U.S. federal projects only): Entity hereby certifies to the best of its knowledge and belief that no Federal appropriated funds 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 on its behalf in connection with the awarding of any contract. (Yes/No) | destruction of records, making false statements or receiving stolen property. (Yes/No) | | | |
| by ing (for U.S. federal projects only): Entity hereby certifies to the best of its knowledge and belief that no Federal appropriated funds 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 on its behalf in connection with the awarding of any contract. (Yes/No) | | | | |
| bobbying (for U.S. federal projects only): Image: Constraint of the set of its knowledge and belief that no Federal appropriated funds 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 a Congress, or an employee of a Member of Congress on its behalf in connection with the awarding of any contract. (Yes/No) | Vithin three (3) previous years, entity has had one or more contracts terminated for default by any federal agency. (Yes/No) | <click to="" view=""></click> | | |
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| bobbying (for U.S. federal projects only): Image: Constraint of the set of its knowledge and belief that no Federal appropriated funds 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 a Congress, or an employee of a Member of Congress on its behalf in connection with the awarding of any contract. (Yes/No) | obbying | | | |
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| person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, an a employee of a Member of Congress on its behalf in connection with the awarding of any contract. (Yes/No) | | | | |
| Congress, or an employee of a Member of Congress on its behalf in connection with the awarding of any contract. (Yes/No) | | | | |
| | | <click to="" view=""></click> | | |
| If "No," please explain in the adjacent cell: | Congress, or an employee of a Member of Congress on its behalf in connection with the awarding of any contract. (Yes/No) | | | |
| | I If "No." please explain in the adjacent cell. | | | |
| | in ito, prose explainin die dujacent cen. | 1 | 1 | |



| Instructions: Optional fields are in blue. All other information and answers are required. | | | |
|--|---------------------------------|----------------|----------|
| Entity Name: | | | |
| Date Information Last Updated: | | | |
| DATA ELEMENT | ANSWER OR INFORMATION REQUESTED | RELEVANT LINKS | COMMENTS |
| Affirmative Action Compliance | | | COMMENTS |
| In accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), indicate which of the statements to the right | | | |
| apply to entity regarding affirmative action. | <click to="" view=""></click> | | |
| abilit o curri rebrand annuere accou | | | |
| FFATA | | | 1 |
| FATA - Report Executive Compensation | | 1 | |
| Is Entity exempt from reporting compensation? (Yes/No) | <click to="" view=""></click> | | |
| Please note: Executive compensation information for the Entity must be reported if (1) more than 80% of annual gross revenues are | | | |
| from the Federal government AND (2) those revenues are greater than \$25M annually, AND (3) compensation information is not | | | |
| already available through reporting to the Security & Exchange Commission (SEC). | | | |
| If "No", provide information requested for the top five paid officers in the adjacent cell. | - | | |
| | 1 | 1 | |
| ENTITY RELATED INFORMATION - AUDIT | | | 1 |
| Single Audit Information | | | |
| | | | |
| Single Audit Status | | | |
| 5 Entity subject to the Single Audit requirements in 2 CFR Part 200? (Yes/No) | <click to="" view=""></click> | | |
| If Yes, please complete "If Yes" section below. | | | |
| If No, please complete "If No" section below. | | | |
| | | | |
| If Yes: | | | |
| Most recent fiscal year with completed Single Audit: | FY2015 | | |
| Is Entity qualified as low-risk entity by Auditor, or as defined in 2 CFR 200? (Yes/No/Not Available) | <click to="" view=""></click> | | |
| Did the Entity's most recent Single Audit contain any findings? (Yes/No) | <click to="" view=""></click> | | |
| Did the Entity's most recent Single Audit contain any Significant Deficiencies? (Yes/No) | <click to="" view=""></click> | | |
| Did the Entity's most recent Single Audit contain any Material Weaknesses? (Yes/No) | <click to="" view=""></click> | | |
| Were any of the findings related specifically to any pass-through federal funding to the entity? (Yes/No) | <click to="" view=""></click> | | |
| | • | • | |
| Please provide link to most recent completed Single Audit Report in Relevant Links | | а | |
| Please provide links to Entity Single Audit Reports from previous Fiscal Year in Relevant Links | | | |
| Please provide link or attachment to a management letter if it has been issued. | | | |
| | | | |
| If No: | | | |
| Entity IS NOT subject to the Single Audit requirements in 2 CFR Part 200 due to being the following type of entity: | <click to="" view=""></click> | | |
| | | | |
| ENTITY CERTIFICATION OF ACCURACY OF INFORMATION | | | |
| Entity Authorized Official Approval/Certification | | | |
| The information, certifications and representations above are accurate and current information and have been read and made by an official of | | | |
| the Entity named herein that is authorized to make such certification on behalf of the entity. | | | |
| | | | |
| Entity Authorized Official Name | | | |
| Entity Authorized Official Title | | | |
| Entity Authorized Official Email | | | |
| Entity Authorized Official Phone | | | |
| Date of Authorized Official Approval (MM/DD/YYYY) | | | |
| Entity Profile Preparer Name | | | |
| Entity Profile Preparer Name Email | | | |