FDP Expanded Clearinghouse Online

**ORGANIZATIONAL DATA ENTRY WORKSHEET**

*(This worksheet is an* ***optional*** *tool available to institutions who wish to collect their data ahead of time)*

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| **GENERAL INFORMATION TAB** | | |
| **FIELD NAME** | **WORKSHEET – ENTER YOUR DATA HERE** | **NOTES** |
| *Legal Entity Name* |  | *Must match SAM record* |
| *Common Name* |  | Name you would like users to see when they look for your profile (e.g., “University of Minnesota-Twin Cities”) |
| *Address* |  | Can be found in SAM as “physical address” |
| *Congressional District* |  | Must match SAM (e.g., MN-005 for 5th congressional district in Minnesota) |
| *EIN* |  |  |
| *DUNS* |  | Must match SAM |
| *Entity Type* |  | [Pick from dropdown list -this list is the same as the FDP subward template. The most common selections are: “Private Institution of Higher Education” or “ Public/State Controlled Institution of Higher Education”]. |
| *Entity Representation that it is or is not a small business concern* |  | [Dropdown, but the most common answer for FDP members is “Not Applicable.”] |
| *Fiscal Period End Date* |  | e.g., June 30 |
| *Payment Address* |  | Needed only if different than your physical address |
| *Link to institution’s Office of Sponsored Projects (or equivalent) web site* |  | Link. Please make sure this goes to your office’s web site, not a general University website. |
| *Most Recent Negotiated F&A Rate Agreement* |  | Upload or link |
| *Most Recent Negotiated Fringe Benefit Rate Agreement* |  | Upload, link, or available upon request |
| *Primary Audit Entity (if part of a state or system audit)* |  | IF you receive your audit as part of a state-wide or system-wide audit rather than your organization directly, select “Yes”. If yes, you will also be asked to include the legal name of that entity, address, EIN, DUNS, and audit contact name, phone, and email. |
| *Comments for this Tab (if any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **CONTACTS TAB** | | |
| *Primary Contact* |  | Person to contact for any questions regarding Profile. |
| *Primary Authorized Signing Official* |  | This will fill in automatically from whomever you name as the Profile Certifier (this should be an AOR). |
| *SAM Point of Contact* |  | SAM Government Business POC |
| *Financial Officer* |  | Post-award contact |
| *F&A Rate Negotiation* |  | The person at your institution responsible for negotiating your F&A agreement (or having it negotiated). |
| *Audit Contact* |  | Single Audit point of contact (person to contact if there are any questions about your Single Audit) |
| *FFATA Contact* |  |  |
| *Comments for this tab (if any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **REGISTRATION AND IDS TAB** (Note: most entries also allow for a “Not Applicable” option) | | |
| *IRS Tax Determination Letter* |  | Upload, link, or available upon request |
| *IRS W-9* |  | Upload, link, or available upon request |
| *NAICS Code* |  | Put your primary one here; add others in the “Comments tab” |
| *SAM Status* |  | Active or Inactive |
| *SAM Expiration Date* |  |  |
| *CAGE Code* |  | Can be found in SAM |
| *Contractor Establishment Code (CEC)* |  | Provide your number or not applicable |
| *Directorate of Defense Trade Controls (DDTC) Registration Code* |  | Provide your number or not applicable |
| *Dept of Educ FICE Code / OPE ID Number* |  | Provide your number or not applicable |
| *Integrated Postsecondary Education Data System (IPEDS) Number* |  | Provide your number or not applicable |
| *Comments for this tab (if any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **CERTIFICATIONS TAB** | | |
| *PHS FCOI Certification* |  | Choose from:   * FDP FCOI Clearinghouse * Not in Clearinghouse but have Active PHS FCOI Policy * Use PTE’s policy |
| *Affirmative Action* |  | Choose from:   * Written affirmative action program developed and on file * No written affirmative action program developed and on file * No contracts subject to affirmative action regulations |
| *FFATA Exempt from reporting compensation?* |  | Yes/No |
| *Presently debarred/suspended?* |  | Yes/No |
| *Within 3 years, had federal contracts terminated for default?* |  | Yes/No |
| *Presently indicted for or otherwise criminally or civilly charged by a govt entity?* |  | Yes/No |
| *Within 3 years, convicted of or had a civil judgement for fraud or violation of antitrust statutes?* |  | Yes/No |
| *No Federal funds have been or will be paid for lobbying in connection with award of a contract?* |  | Yes/No |
| *Comments for this tab (f any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **AUDITS TAB** | | |
| *Subject to Single Audit?* |  | Yes/No |
| *Most recent fiscal year with completed Single Audit* |  | Year (if your audit isn’t current, use Comments tab on this page to explain) |
| *Qualified as low-risk entity or as defined in UG?* |  | Yes/No/Not available |
| *Did the entity’s most recent Single Audit contain any findings?* |  | Yes/No |
| *Any Significant Deficiencies?* |  | Yes/No |
| *.Any Material Weaknesses?* |  | Yes/No |
| *Most recent complete Single Audit* |  | Link or Upload |
| *Single Audit report from previous fiscal year* |  | Link or Upload |
| *Management letter (if issued)* |  | Link, Upload, or Not applicable |
| *DOD/ONR Property Management System Audit approval date* |  | Date or Not Applicable |
| *Contractor Purchasing System Review (CPSR) approval date* |  | Date or Not Applicable |
| *CPSR Expiration Date* |  | Date or Not Applicable |
| *DCAA Report on audit of Estimating System approval date* |  | Date or Not Applicable |
| *DCAA report on audit of Billing System Approval Date* |  | Date or Not Applicable |
| *DCAA Report on Audit of Accounting System Internal Control approval date* |  | Date or Not Applicable |
| *ONR ACO* |  | Name or Not Applicable |
| *Comments for this tab (if any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **ASSURANCES TAB** | | |
| *Human subjects – Federalwide Assurance Approval?* |  | Yes/No |
| *FWA Number* |  | FWA plus leading zeros plus your number |
| *FWA Expiration Date* |  | Date or not applicable |
| *DOD Human Subjects Addendum Number* |  | Number or not applicable |
| *AAHRPP Accredited?* |  | Yes/No |
| *AAHRPP Approval Date* |  | Date |
| *PHS/OLAW Approval?* |  | Yes/No |
| *PHS/OLAW Assurance Number* |  | Please enter BOTH old and new numbers e.g, D16-00123 (A1234-01) |
| *PHS/OLAW Approval Date* |  | Date or not applicable |
| *PHS/OLAW Expiration Date* |  | Date or not applicable |
| *AAALAC Accreditation?* |  | Yes/No |
| *AAALAC Assurance Number* |  | Number (if Yes) |
| *AAALAC Assurance Issue Date* |  | Date or not applicable |
| *USDA Research Registration Number?* |  | Yes/No |
| *Research Registration Number* |  | Number (if Yes) |
| *Research Registration Expiration Date* |  | Date |
| *USDA Type of Performing Institution* |  | Complete if applicable |
| *NRC Radioactive Materials License Number?* |  | Yes/No |
| *Primary License Number* |  | Number (if Yes) |
| *Comments for This Tab (if any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **AUTHORIZATIONS TAB** (to be completed by Profile Editor, Profile Certifier, and FDP Admin Approver) | | |
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