FDP Expanded Clearinghouse Profile

**ORGANIZATIONAL DATA ENTRY WORKSHEET**

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

| **GENERAL INFORMATION TAB** | | |
| --- | --- | --- |
| **FIELD NAME** | **WORKSHEET – ENTER YOUR DATA HERE** | **NOTES** |
| *Legal Entity Name* |  | Must match SAM |
| *Common Name* |  | Name you would like users to see when they look for your profile (e.g., “University of Minnesota-Twin Cities”); should avoid acronyms |
| *Address* |  | Should match SAM “physical address” |
| *Congressional District* |  | Must match SAM (e.g., MN-005 for 5th congressional district in Minnesota) |
| *EIN* |  |  |
| *DUNS* |  | Must match SAM |
| *Federal/SAM.gov UEI* |  | Must match SAM |
| *Is entity a member of the FDP?* |  | [Populated by FDP Expanded Clearinghouse Subcommittee] |
| **Entity Details** | | |
| *Entity Type* |  | [Pick from dropdown list, which is identical to the FDP subaward template 3B list. 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 (13 CFR 124.1002)* |  | [Pick from dropdown list. The most common answer for FDP members is “Not Applicable”.] |
| *Fiscal Period End Date* |  | Month and Day (e.g., June 30) |
| *Payment Address* |  | Required only if different than your physical address |
| *Link to institution’s Office of Sponsored Projects (or equivalent) web site* |  | Provide URL to your office’s web site, not a general University website. |
| **Rate Agreements** | | |
| *Most Recent Negotiated F&A Rate Agreement* |  | Upload document or provide URL |
| *Most Recent Negotiated Fringe Benefit Rate Agreement or Organization’s Fringe Benefit Guidance Information* |  | Upload, provide URL, or enter “available upon request” |
| **Primary Audit Entity** | | |
| *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 primary auditee name, address (city & state), 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 |
| *Authorized Profile Certifier* |  | Person who certifies and submits the institution’s profile to the FDP (this should be an AOR). |
| *Primary Authorized Signing Official* |  | This will fill in automatically from whomever you name as the Authorized Profile Certifier. |
| *SAM Point of Contact* |  | SAM Government Business POC |
| *Financial Officer* |  | Post-award contact |
| *F&A Cost 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] |
|  |  |  |
| **REGISTRATIONS TAB** (Note: Most entries allow for a “Not Applicable” option) | | |
| **Entity Identification Numbers and Codes** | | |
| *IRS Tax Determination Letter* |  | Upload document, provide URL, or select “Available Upon Request” |
| *IRS W-9* |  | Upload document, provide URL, or select “Available Upon Request” |
| *Primary NAICS Code* |  | Enter your primary one here; add others in the “Comments tab” |
| *SAM Status* |  | Active or Inactive |
| *SAM Expiration Date* |  | Must match SAM |
| **Department of Defense Registration Numbers** | | |
| *CAGE Code* |  | Must match SAM |
| *Contractor Establishment Code (CEC)* |  | Enter number or select “Not applicable” |
| **Department of Education Registration Numbers** | | |
| *Dept of Educ OPE ID Number / FICE Code* |  | Enter number or select “Not applicable” |
| *Integrated Postsecondary Education Data System (IPEDS) Number* |  | Enter number or select “Not applicable” |
| *Comments for this tab (if any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **CERTIFICATIONS TAB** | | |
| **Conflict of Interest** | | |
| *Conflict of Interest certification* |  | Choose from:   * Registered in FDP FCOI Clearinghouse * Not registered in Clearinghouse but have Active PHS FCOI Policy * Use PTE’s policy |
| **Affirmative Action** | | |
| *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** |  |  |
| *Is entity exempt from reporting compensation?* |  | Yes/No |
| **Debarment and Suspension** | | |
| *Presently debarred/suspended?* |  | Yes/No |
| *Within 3 years, had federal contract(s) terminated for default?* |  | Yes/No |
| *Presently indicted for or otherwise criminally or civilly charged by a gov’t entity?* |  | Yes/No |
| *Within 3 years, convicted of or had a civil judgement for fraud or violation of antitrust statutes?* |  | Yes/No |
| **Lobbying** | | |
| *No Federal funds have been or will be paid for lobbying in connection with award of a contract?* |  | Yes/No  If No is selected, an Explanation must be provided. |
| *Comments for this tab (if any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **AUDITS TAB** | | |
| **Single Audit** | | |
| *Subject to Single Audit req’ts in 2 CFR 200?* |  | 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 |
| *Findings related to pass-through federal funding?* |  | Yes/No |
| *Most recent complete Single Audit* |  | Provide URL or upload document |
| *Single Audit report from previous fiscal year* |  | Provide URL or upload document |
| *Management letter (if issued)* |  | Provide URL, upload document select “Not applicable,” or select “Available Upon Request” |
| **Department of Defense/Office of Naval Research System Review** | | |
| *Property Management System Audit approval date* |  | Enter date or select “Not applicable” |
| *Contractor Purchasing System Review (CPSR) approval date* |  | Enter date or select “Not applicable” |
| *CPSR Expiration Date* |  | Enter date or select “Not applicable” |
| **Defense Contract Audit Agency (DCAA)** | | |
| *DCAA Report on audit of Estimating System approval date* |  | Enter date or select “Not applicable” |
| *DCAA report on audit of Billing System Approval Date* |  | Enter date or select “Not applicable” |
| *DCAA Report on Audit of Accounting System Internal Control approval date* |  | Enter date or select “Not applicable” |
| *ONR ACO* |  | Enter name or select “Not applicable” |
| *Comments for this tab (if any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **ASSURANCES TAB** | | |
| **Human Subjects/US Department of Health and Human Services/Office of Human Research Protection (HHS/OHRP)** | | |
| *Human subjects – Federalwide Assurance Approval?* |  | Yes/No |
| *Primary FWA Number* |  | If Yes to FWA approval, enter “FWA” including leading zeros plus your number |
| *Primary FWA Expiration Date* |  | If Yes to FWA approval, enter date or select ”Not applicable” |
| *Primary DOD Human Subjects Addendum Number* |  | Enter number or select “Not applicable” |
| **Human Subjects/Association for the Accreditation of Human Research Protection Programs (AAHRPP)** | | |
| *AAHRPP Accredited?* |  | Yes/No |
| **Animal Subjects/Public Health Service/Office of Laboratory Animal Welfare (PHS/OLAW)** | | |
| *PHS/OLAW Approval?* |  | Yes/No |
| *Primary PHS/OLAW Assurance Number* |  | If Yes to PHS/OLAW approval, please enter BOTH old and new numbers e.g., D16-00123 (A1234-01) |
| *Primary PHS/OLAW Approval Expiration Date* |  | If Yes to PHS/OLAW approval, enter date or select “Not applicable” |
| **Animal Subjects/Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC)** | | |
| *AAALAC Accredited?* |  | Yes/No |
| *Primary AAALAC Accreditation Assurance Number* |  | If Yes to AAALAC accredited, enter number or select “Not applicable” |
| **Animal Subjects/US Department of Agriculture (USDA) Research Registration** | | |
| *USDA Research Registration Number?* |  | Yes/No |
| *Primary USDA Research Registration Number* |  | If Yes to USDA Registration Number, enter number or select “Not applicable” |
| *Primary USDA Research Registration Expiration Date* |  | If Yes to USDA Registration Number, enter date or select “Not applicable” |
| *USDA Type of Performing Institution Designation* |  | If Yes to USDA Registration Number, enter designation or select “Not applicable” |
| *Comments for this tab (if any)* |  | [Comments will be visible to those viewing your profile] |
|  |  |  |
| **AUTHORIZATIONS TAB** (to be completed by Profile Editor, Authorized Profile Certifier, and FDP Admin Approver) | | |