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**NEIWPCC SUBRECIPIENT RISK ASSESSMENT FORM**

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**SUBRECIPIENT ELIGIBILITY**

Any organization planning to enter into a collaborative subrecipient relationship with NEIWPCC must complete this form at the proposal stage. Proposals submitted without this form will be considered incomplete and will be rejected. Please answer the following questions to determine if a formal subrecipient partnership can be established between your organization and NEIWPCC. This form will be considered valid for one year from the date of signature by your organization’s Authorized Official.

1. Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Is your organization presently indicted for, or otherwise criminally or civilly charged by a government entity?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Has your organization within three (3) years preceding this proposal, had one or more contracts terminated for default by any federal agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Is your organization delinquent on repayment of any federal debt including direct and guaranteed loans and other debt?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered “yes” to any of these questions, NEIWPCC cannot enter into a subaward with your organization. Please do not submit a proposal under this opportunity. If you have questions, please contact the NEIWPCC Project Manager.**

**SECTION A: SUBRECIPIENT CONTACT INFORMATION**

Subrecipient Legal Name: \_\_\_\_\_  
Project Site Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Congressional District: \_\_\_\_\_  
Principal place of business address (if different from project site address): \_\_\_\_\_  
\_\_\_\_\_  
DUNS # (Required): \_\_\_\_\_ Federal Employer Identification # (Required): \_\_\_\_\_  
Institution Type: \_\_\_\_\_ (nonprofit, state, higher education, etc.)  
SAM Expiration Date: \_\_\_\_\_ Financial Manager Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION B: SUBRECIPIENT REQUIREMENTS AND RESPONSIBILITIES

### 1. LOBBYING:

Subrecipient certifies that no payments 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 in connection with this proposed project.

Yes \_\_\_\_\_ No \_\_\_\_\_ (If "No," attach explanation)

### 2. CONFLICT OF INTEREST:

\_\_\_Subrecipient certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of EPA's Conflict of Interest Policy (2 CFR 200.112). Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

\_\_\_Subrecipient **does not have** a compliant conflict of interest policy but will develop one prior to issuance of subaward.

\_\_\_Subrecipient **does not have** an active and/or enforced conflict of interest policy and agrees to abide by and follow NEIWPC's policy including all financial interest disclosure and management processes.

### 3. TRAFFICKING VICTIMS PROTECTION ACT OF 2000 (22 U.S. CODE CHAPTER 78):

\_\_\_Subrecipient certifies that it has not and will not engage in trafficking of persons. NEIWPC may unilaterally terminate this subaward, without penalty, if subrecipient is determined to have violated the Trafficking Victims Protection Act of 2000.

### 4. INDIRECT COSTS:

Indirect Rates included in this proposal have been calculated based on (check as applicable):

\_ Subrecipient's federally negotiated indirect rates for this type of work, or a reduced indirect rate that subrecipient hereby agrees to accept. *(If this box is checked, please attach a copy of your Indirect Rate agreement)*

\_\_\_De minimus rate (10%)

\_\_\_Not applicable: Subrecipient is not requesting payment of indirect costs

**5. FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) INFORMATION**

NEIWPC is required under FFATA to collect subrecipient information for transactions exceeding \$25,000. If you are applying for \$25,000 or more, please fill out the following section.

**Are all of the following true for your institution for the preceding fiscal year?**

Yes \_\_\_\_\_ **\*\*\* No \_\_\_\_\_ (skip to next section)**

- Received eighty percent (80%) or more of its annual gross revenues in federal awards (federal contracts and subcontracts, loans, grants and subgrants, and cooperative agreements); **AND**
- Received twenty-five million (\$25M) or more in annual gross revenues from federal awards; **AND**
- The public does not have access to information about compensation of the five most highly compensated officers of your institution through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1).

**\*\*\*Only complete the below compensation report if you checked "Yes" in the box above.\*\*\***

Total compensation and names of top five executives (if applicable)	
Name	Compensation Amount

**6. AUDIT REQUIREMENTS:**

Do you receive an annual audit in accordance with 2 CFR Part 200 Subpart F - Audit Requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," fiscal year of most recent audit: \_\_\_\_\_

Were any audit findings reported in your most recent audit? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" to audit findings, attach a description of the finding.

**Subrecipients receiving an annual audit under 2 CFR 200 Subpart F are required to provide a copy of the most recent audit report before a subaward will be issued.**

If you do not receive an annual audit in accordance with 2 CFR 200 Subpart F, please select the appropriate box indicating why you would not be subject to compliance with 2 CFR 200 Subpart F certification (check as applicable):

- Non-Profit entity that expended less than \$750,000 in U.S. federal funds during previous fiscal year
- For-Profit Entity
- Other (please explain): \_\_\_\_\_

### **SECTION C: SUBRECIPIENT CERTIFICATIONS**

**Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and (check all that apply):**

Has the capability to identify, in its accounts, all federal awards received and expended and the federal programs under which they were received;

Maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations, and the provisions of contracts or grants;

Complies with applicable laws and regulations;

Can prepare appropriate financial statements, including the schedule of expenditures of federal awards; AND

There are no outstanding audit findings which would impact project costs. If there are findings, submit a copy of the report that describes the finding and steps to be taken to correct the finding.

### **SECTION D: ENVIRONMENTAL PROTECTION AGENCY GENERAL TERMS AND CONDITIONS**

Subrecipient will comply with the Environmental Protection Agency (“EPA”) General Terms and Conditions as outlined in the following link <https://www.epa.gov/grants/grant-terms-and-conditions>.

**PLEASE DO NOT SUBMIT A PROPOSAL IF YOU CANNOT AGREE TO THESE TERMS**

**SECTION E: SUBRECIPIENT AUTHORIZED SIGNATURE**

The information, certifications, and representations above have been read, signed, and made by an authorized institutional official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

By the signature below, subrecipient certifies (1) that the information submitted within the application is true, complete and accurate to the best of the subrecipient's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the institution and Principal Investigator to criminal, civil, or administrative penalties; and (3) that the Principal Investigator agrees to accept responsibility for the scientific conduct of the project and to provide the required progress and other administrative reports as required if an award is made as a result of the subrecipient's application.

Any work begun and/or any expenses incurred prior to execution of a subaward agreement are at the subrecipient's own risk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name/Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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