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Pre-Award Assessment Form

Cost-Reimbursement or Time-and-Materials Sub-Instrument

General Information

Organization Name	Click or tap here to enter text.
Project/Activity Name	Click or tap here to enter text.
Donor/Funding Source	Click or tap here to enter text.
Principal Place of Performance of Sub-Partner (Country or Countries)	Click or tap here to enter text.

Instructions for Sub-Partner

We are conducting this pre-award assessment in anticipation of awarding a Choose sub-instrument to your organization under the above referenced prime award, to make a determination of risk and responsibility for your organization and to inform any pre-award conditions or specific conditions to be included in the resulting subaward/ subcontract.

This form must be completed by your organization and signed by an authorized representative.

Organization Information and Structure

Organization Name	Click or tap here to enter text.
Address	Click or tap here to enter text.
Email of Individual Completing the Form	Click or tap here to enter text.

Entity	<input type="checkbox"/> US organization <input type="checkbox"/> Non-US Organization <input type="checkbox"/> Public International Organization (PIO) <input type="checkbox"/> Other - <i>Please specify here</i>
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Type of Business	<input type="checkbox"/> For-Profit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Other - <i>Please specify here</i>
If For-Profit, indicate legal status. Otherwise, check Not Applicable.	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Other - <i>Please specify here</i> <input type="checkbox"/> Not Applicable

Complete Only for Contracts with a U.S. Small Business Subcontracting Plan Requirement

If your business is a U.S., for-profit company, indicate whether you qualify as a U.S. Small Business (self-certified or SBA-certified).	<input type="checkbox"/> U.S. Small Business <i>Self-certified through SAM registration, FAR 52.219-1 Small Business Program Representation. Attach Representation.</i> <input type="checkbox"/> U.S. Small Business <i>SBA certified. Attach SBA certification</i> <input type="checkbox"/> U.S. Small Business <i>Self-certified based on SBA Table of Size Standards. See applicable size standard in table for your specific NAICS code, usually 541611 or 541990.</i>
If you indicated “U.S. Small Business” above, complete this section for all applicable socio-economic categories. Otherwise, select Not Applicable	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Women-Owned SB <input type="checkbox"/> Veteran-Owned SB <input type="checkbox"/> Service-Disable Veteran-Owned SB <input type="checkbox"/> HUBZone SB <i>Attach SBA HUBZone certification. Cannot self-certify as HUBZone</i>

Federal Funding Accountability and Transparency Act (FFATA)

Complete Only For First-Tier Subcontract under Prime USG Contract or First-Tier Subaward under Prime USG Grants/CA, valued at greater than \$30,000

<p>1. Did your organization have gross income of \$300,000 or more in the previous tax year?</p> <p><input type="checkbox"/> YES (proceed to question 2)</p> <p><input type="checkbox"/> NO (Exempt from FFATA & Executive Compensation Reporting. You do not need to complete the rest of this FFATA table.)</p>
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<p>2. Does your organization have an up-to-date SAM.gov registration?</p> <p><input type="checkbox"/> YES (Executive Compensation information not required. You do not need to complete the rest of this FFATA table.)</p> <p><input type="checkbox"/> NO (proceed to question 3)</p>												
<p>3. In your organization’s preceding completed fiscal year, did your organization receive BOTH 80% or more of its annual gross revenue AND \$25 million or more in annual gross revenues from U.S. federal government funds?</p> <p><input type="checkbox"/> YES (proceed to question 4)</p> <p><input type="checkbox"/> NO (Exempt from Executive Compensation Reporting. You do not need to complete the rest of this FFATA table.)</p>												
<p>4. Does the public have access to information about the compensation of the executives (business/organization) 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?</p> <p><input type="checkbox"/> YES (Exempt from Executive Compensation Reporting. You do not need to complete the rest of this FFATA table.)</p> <p><input type="checkbox"/> NO (complete Officer Compensation List below)</p>												
<p>Officer Compensation List: Organization’s Five Most Highly Compensated Officers</p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Name</th> <th style="width: 50%; padding: 5px;">Compensation</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1. Name</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td style="padding: 5px;">2. Name</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td style="padding: 5px;">3. Name</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td style="padding: 5px;">4. Name</td> <td style="padding: 5px;">Amount</td> </tr> <tr> <td style="padding: 5px;">5. Name</td> <td style="padding: 5px;">Amount</td> </tr> </tbody> </table>	Name	Compensation	1. Name	Amount	2. Name	Amount	3. Name	Amount	4. Name	Amount	5. Name	Amount
Name	Compensation											
1. Name	Amount											
2. Name	Amount											
3. Name	Amount											
4. Name	Amount											
5. Name	Amount											

1. **When was your organization established?** Select date

2. **Is your organization legally registered in the country or countries where the work will take place?**

Yes *Provide proof of registration* No

If No, please explain here

3. **Is your organization registered with all applicable tax authorities in the country where you are registered, and does your organization comply with all applicable tax regulations (e.g, income tax, company tax, value-added tax, etc.)?**

Yes No

If No, please explain here

4. Does your organization have an active registration in the US Government's System for Award Management (SAM)?

Yes *Provide printout confirmation* No

5. Does your organization have a Unique Entity Identifier (UEI) # issued through SAM?

Yes *Enter UEI number here* No

6. What was your organization's average annual revenue over the past three years?

Enter here

7. Does your organization have any pending lawsuits, legal judgments, or delinquent or current debt?

Yes No

If Yes, please explain here

8. Does your organization have a clear and up-to-date organizational/staffing chart?

Yes *Please provide* No

If No, please explain here

9. Have there been significant changes to Senior Management (e.g., president, chief executive officer, chief financial officer, executive director, etc.) in the past 12 months?

Yes No

If Yes, please explain here

Internal Controls and Compliance

1. Does your organization have staff with skills and responsibilities in contracts management and award compliance that are familiar with the regulations of the donor/funding source indicated above under General Information?

For U.S. federal awards, this would include applicable federal assistance or acquisition regulations such as 2 CFR 200 and Federal Agency Supplements (e.g., 2 CFR 700 – USAID; 45 CFR 75 – HHS),

USAID Standard Provisions, and/or Federal Acquisition Regulations (FAR) and Agency Supplements (e.g., AIDAR, HHSAR).

Yes No

Please explain here

2. Does your organization have appropriate staffing and documented procedures to properly segregate duties for actions related to procurement and contracts, property management, financial transactions, and human resource actions?

Yes No

Please explain here

3. Has your organization changed, or incorporated new, financial or administrative systems in the past 12 months? (For example, financial management, accounting software, HR information system, payroll system, property management system, etc)?

Yes No

If Yes, please explain here

4. Does your organization perform due diligence verification on vendors, subcontractors, and subrecipients, including verification that entities are not on any U.S. Government or United Nations excluded parties lists (e.g., OFAC Specially Designated Nationals and Blocked Persons List or the UN Security Council consolidated list)?

Yes No

Please explain here

5. Does your organization have written policies and procedures for the following?

Check all that apply. Upon review of the pre-award assessment, we may request full written policies.

- Finance and Accounting
- Signatory Authority
- Travel
- Procurement
- Property Management
- Human Resources
- Code of Conduct, Conflict of Interest, Fraud Reporting, and Whistleblower Protection
- Trafficking in Persons
- Safeguarding Against Exploitation, Sexual Abuse, and Child Abuse and Neglect

Include any additional information here

Cost Accounting and Financial Management

1. Does your organization have a computerized accounting system that can produce financial reports by funding source?

Yes No

2. Does your organization have a policy to limit cash transactions and process financial transactions electronically to the maximum extent possible?

Yes No

Please explain here

3. If your organization has previously received advance funding from a Funding Source, do you have established procedures to minimize the time between the receipt of advance funding and disbursement?

Yes No

Please explain here

4. Does your organization have a process to segregate and separately record unallowable costs, per donor/ funding source regulations?

Yes No

If No, please explain here

5. Does your organization have an established process to close your books at the end of the month and reconcile disbursements and bank statements?

Yes No

Please explain here

6. Does your organization have a process and tools to compare expenditures and accruals to budgets on a regular basis to prevent cost overruns?

- Yes No

Please explain here

7. Does your organization have an established indirect cost rate structure, such as a Negotiated Indirect Cost Rate Agreement (NICRA), or any other indirect cost structure?

- Yes No

If Yes, please explain your indirect cost structure

8. Does your organization undergo any of the following audits?

Choose all that apply

- Annual Single Audit per U.S. federal assistance regulations (2 CFR 200 or Agency Supplements)
- Financial statements audited annually by an independent firm
- Other independently contracted audits

Provide an explanation here

- No audits are conducted

Provide an explanation here

9. For any audits indicated above, over the past three (3) years, were there any material weaknesses or significant deficiencies cited by the auditor?

- Yes No

If Yes, please describe the material weakness/deficiencies and corrective actions taken.

Human Resources

1. Does your organization follow an open and transparent recruitment policy, including advertising, interviews, and reference checks?

- Yes No

If No, please explain here

2. Does your organization have written job descriptions?

Yes No

If No, please explain here

3. Does your organization have written employment letters or contracts which include the employee's salary?

Yes No

If No, please explain here

4. Is your organization in compliance with applicable labor and tax codes relating to employee salaries, withholding, and benefits?

Yes No

If No, please explain here

5. Does your organization have an electronic (digital) or paper-based time-keeping system for employees that can allocate labor across multiple projects or funding sources?

For the purpose of this question, 'electronic time-keeping system' means that employees complete their timesheets on a digital platform and sign digitally. If employees complete their hours in a document (manual or electronic), print, and sign a paper version, that would constitute a paper-based time-keeping system.

Electronic (digital) Paper-based Neither

If Neither, please explain here

6. Does your organization have an automated or manual payroll system linked to your time-keeping system that regularly disperses pay to employees?

For the purpose of this question, an "automated" payroll system imports hours direct from the time-keeping system. If payroll staff have to manually enter time-keeping data into a payroll system, that would constitute a "manual" system.

Automated Manual Neither

If Neither, please explain here

Procurement

1. Does your organization have procedures in place to ensure competition for procurements, as well as clear procedures and approvals when competition can be waived?

Yes No

Please explain here

2. Does your organization require written disclosures of real or perceived conflicts of interest for staff involved in the procurement process?

Yes No

Please explain here

3. Does your organization have a monetary threshold for collecting bids or quotations?

Yes No

Please explain here

4. Does your organization segregate duties among staff who procure, inspect, accept, and issue payment for procurements?

Yes No

Please explain here

5. Does your organization use written contracts that include clauses to remedy nonperformance, up to and including termination for cause?

Yes No

If No, please explain here

Property Management

1. Does your organization maintain a written record or asset register for all fixed assets indicating purchase price, location, condition, funding source, and unique property identifying number?

Yes No

Please explain here

2. Does your organization have written procedures to track, record, and prevent loss, theft, or damage to property?

Yes No

Please explain here

3. Does your organization have insurance for property in your custody?

- Yes No

If No, please explain here

4. Does your organization conduct a physical inventory of property on a routine basis?

- Yes No

If Yes, please explain the frequency with which you conduct a physical inventory of property.

Program and Past Performance

1. Describe how your organization ensures that implementation of the program scope of work takes place at an acceptable level of quality.

Please describe here

2. Does your organization have procedures and tools for the monitoring and evaluation of program performance, including indicators, data collection tools and schedules, and methods for utilizing data and ensuring its privacy?

- Yes No

Please explain here

3. Has your organization received a subaward or subcontract from us in the past five (5) years?

- No

 Yes

Please update the past performance information below for each relevant award (up to 2).

Award #1	Donor or Funding Source Project Name Principal place of performance Award type (e.g., fixed-price subcontract, cost reimbursement subaward, etc) Total award amount Start and end dates Name and contact information of technical representative
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	Brief description of SOW
Award #2	Donor or Funding Source Project Name Principal place of performance Award type (e.g., fixed-price subcontract, cost reimbursement subaward, etc) Total award amount Start and end dates Name and contact information of technical representative Brief description of SOW

4. Has your organization received funding (either as a prime recipient/contractor or subrecipient/subcontractor) from the donor/funding source that is funding this particular subaward/subcontract in the past five (5) years?

- No
- Yes

Please update the past performance information below for each relevant award (up to 2).

Award #1	Donor or prime name Principal place of performance Award type (e.g., fixed-price subcontract, cost reimbursement subaward, etc) Total award amount Start and end dates Name and contact information of technical representative of donor or prime Brief description of SOW
Award #2	Donor or prime name Principal place of performance Award type (e.g., fixed-price subcontract, cost reimbursement subaward, etc) Total award amount Start and end dates Name and contact information of technical representative of donor or prime Brief description of SOW

Additional Project-Specific Questions

Insert additional question here, if needed

Yes No

Insert additional required information

Insert additional question here, if needed

Yes No

Insert additional required information

Insert additional question here, if needed

Yes No

Insert additional required information

Attachments

Documents	Attached	Not Applicable
Printout of SAM registration	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Copy of most recent audit report	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Audited financial statements for the last three fiscal years (only if audit report is not submitted)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Supporting documentation for indirect cost rate (NICRA or audited financial statement showing indirect cost rate calculation)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Certificate of registration in the country where you will be working	<input type="checkbox"/> Yes	
Proof of U.S. Small Business (US for-profits only, if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Organizational chart/organogram	<input type="checkbox"/> Yes	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

Certification

As an authorized representative, I certify that the information included in and attached to this Pre-Award Assessment is true, accurate, and complete. I understand that a false or intentionally misleading certification may result in actions up to and including, but not limited to, cancellation of the resulting sub-instrument, termination of the resulting sub-instrument, and disclosure of any instances of misrepresentation or falsification to the donor. I further understand that we reserve the right to request further documentation and/or inspect the organization's financial records and books, procedures, or other documents related to the resulting sub-instrument and its administration.

Name:	Click or tap here to enter text.	Title:	Click or tap here to enter text.
Signature:		Date:	Click or tap here to enter text.