PRE-AWARD INFORMATION SHEET

THE USE OF THE PRE-AWARD INFORMATION SHEET TEMPLATE IS OPTIONAL, BUT ALL DATA ELEMENTS WITHIN THE PRE-AWARD INFORMATION SHEET ARE MANDATORY.

|  |  |
| --- | --- |
| Name of Organization  Street Address  City and County  State and Zip + 4 (matches the USPS database) | ***Name and address must match SAM registration.*** |
| ALRD/FOA Number | **DE-FOA-0002736** |
| Business Officer and contact information: | ***Please provide complete contact information including telephone number and email address and physical street address (if different than above) for the person who will be responsible for administering this award.*** |
| Technical Project Manager and contact information: | ***Please provide complete contact information including telephone number and email address and physical street address (if different than above) for the person who will be responsible for the technical aspects of this award.*** |
| Unique Entity Identifier | ***Unique Entity Identifier* means the identifier assigned by SAM to uniquely identify business entities.** |
| Organization’s Fiscal Year End Date |  |

1. **BUSINESS ASSURANCES AND PAYMENT INFORMATION**
2. DISCLOSURE OF POTENTIAL IMPROPRIETIES

Below, please disclose if any of the following conditions exist. If the answer to any question (a) through (g) below is yes, provide a detailed explanation in an attachment to this document.

* 1. Is the proposed Recipient, Subrecipient(s), or any of the Recipient’s or Subrecipient’s principals[[1]](#footnote-2) under investigation for or charged with a covered offense[[2]](#footnote-3)?

Yes

No

* 1. Has the proposed Recipient, Subrecipient(s), or any of the Recipient’s or Subrecipient’s principals been convicted of a covered offense in the last five-years or had a civil judgment rendered against them for one of those offenses in that time period?

Yes

No

* 1. Is the proposed Recipient, Subrecipient(s), or any of the Recipient’s or Subrecipient’s principals under investigation for potential violation of U.S. export control laws and regulations, or has the proposed Recipient, Subrecipient(s), or any of the Recipient’s or Subrecipient’s principals been convicted of any violations of U.S. export control laws and regulations?

Yes

No

* 1. Is the proposed Recipient or Subrecipient(s) under investigation for potential violations of the Drug-Free Workplace Act of 1988, or has the proposed Recipient or Subrecipient(s) been convicted of any violations of the Drug-Free Workplace Act of 1988?

Yes

No

* 1. Is the proposed Recipient, Subrecipient(s), or any of the Recipient’s or Subrecipient’s principals under investigation for research misconduct, or has the proposed Recipient, Subrecipient(s), or any of the Recipient’s or Subrecipient’s principals been convicted of research misconduct?

Yes

No

* 1. Has any Federal agency recommended or initiated proceedings against the proposed Recipient, Subrecipient(s), or any of the Recipient’s or Subrecipient’s principals for suspension or debarment, or is the proposed Recipient, Subrecipient(s), or any of the Recipient’s or Subrecipient’s principals debarred, suspended, publicly banned from doing business with the Federal government, or otherwise declared ineligible from receiving Federal contracts, subcontracts or financial assistance?

Yes

No

* 1. Is the proposed Recipient or Subrecipient(s) delinquent on federal debt or insolvent or at risk of insolvency or have the proposed Recipient or Subrecipient(s) filed for bankruptcy in any domestic or foreign jurisdiction?

Yes

No

1. POTENTIAL CONFLICTS OF INTEREST
2. **Financial Conflicts of Interest**: The Recipient must disclose in writing any managed or unmanageable financial conflicts of interest involving a member of the project team (i.e. investigators) and include sufficient information to enable DOE to understand the nature and extent of the financial conflict, and to assess the appropriateness of the non-Federal entity's management plan. See Section V(b)(3) of the [DOE Interim Conflict of Interest Policy](https://www.energy.gov/sites/default/files/2021-12/Interim%20COI%20Policy%20FAL2022-02%20to%20SPEs.pdf). As part of this DOE funded project, does the recipient or any subrecipients have any managed or unmanageable financial conflicts of interest involving a member of the project team?

No

Yes. If yes, in a separate attachment, the Recipient must provide relevant disclosures/supporting documentation as required by the [DOE Interim Conflict of Interest Policy](https://www.energy.gov/sites/default/files/2021-12/Interim%20COI%20Policy%20FAL2022-02%20to%20SPEs.pdf) Section V(b)(3).

1. **Organizational Conflicts of Interest**[[3]](#footnote-4): The Recipient must disclose in writing any potential or actual organizational conflict of interest to DOE. See [DOE Interim Conflict of Interest Policy](https://www.energy.gov/sites/default/files/2021-12/Interim%20COI%20Policy%20FAL2022-02%20to%20SPEs.pdf) Section VI and [2 CFR 200.318](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#200.318) for more information. As part of this DOE funded project, does the recipient or any subrecipients intend to engage in a procurement with a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian tribe?

No

Yes. If yes, in a separate attachment, the Recipient must provide relevant disclosures/supporting documentation as required by the [DOE Interim Conflict of Interest Policy](https://www.energy.gov/sites/default/files/2021-12/Interim%20COI%20Policy%20FAL2022-02%20to%20SPEs.pdf) Section VI.

1. Payment Information and assurances
2. Has your organization received any prior DOE awards administered by NETL?

|  |  |
| --- | --- |
| If yes, please list the most recent award number: |  |

No

Questions b through d are reserved for institutions of higher education, hospitals, other non-profit organizations and state and local governments that are not considered for-profit entities.

1. Is the Awardee currently enrolled with the U.S. Department of Treasury/ASAP system (Automated Standard Application for Payment System)?

|  |  |
| --- | --- |
| Yes, please enter Awardee Seven-digit ASAP ID Number: |  |

No

1. Please provide the following contact information for ASAP and/or Payments:

***Important: If not currently enrolled in the ASAP system, the person identified below will be contacted by the U.S. Department of Treasury with further instruction on completing the ASAP enrollment process.***

|  |  |
| --- | --- |
| ASAP / Payments Contact Person: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone No.: |  | Extension: |  | E-mail: |  |

1. Indicate preferred payment method below: (***NOTE: this section is reserved for universities, hospitals, other non-profit organizations and state and local governments that are authorized to receive advance payments, unless a specific need is supported).***

Payment by Advance is preferred.

Payment by Reimbursement is preferred.

1. Total Estimated Project Cost is the sum of the Federal Government share and Recipient share of the estimated project costs. The Recipient’s cost share or matching must come from non-Federal sources unless otherwise allowed by law (Please reference 2 CFR 200.1 and 2 CFR 200.306). By accepting Federal funds under this award, you agree that you are liable for your percentage share of allowable project costs, on a budget period basis, even if the project is terminated early or is not funded to its completion.

Yes, the percentage share of allowable project costs (cost share) will be provided on a budget period basis.

If cost share is not provided on a budget period basis, please explain.

Use this block to provide a detailed explanation for not providing cost share on a budget period basis or provide an attachment.

1. Indicate the name, phone number, and email address of the Designated Responsible Employee for complying with national policies prohibiting discrimination (see 10 CFR 1040.5 and the Certifications and Assurances SF-424B Assurances for Non-Construction Programs or SF-424D Assurances for Construction Programs found at: <http://www.grants.gov/web/grants/forms/sf-424-family.html>).

|  |  |
| --- | --- |
| Name/Title |  |
| Phone No/Email |  |

1. **ACCOUNTING SYSTEM**

Your organization should have an accounting system that meets government standards for recording and collecting costs in accordance with 2 CFR 200.302(b)(1). If you have not had prior government awards or a recent accounting system review, the DOE may request the Defense Contract Audit Agency (DCAA) or an independent auditor to verify that the accounting system is acceptable.

Indirect costs are an acceptable cost component of an approved budget if they are adequately supported and properly allocated. Organizations proposing indirect costs will need to demonstrate that the proposed indirect (e.g., overhead, G&A) rates were developed using a methodology acceptable for Government contracting, and in accordance with applicable Federal cost principles. If a current provisional indirect rate agreement has been issued by a Federal agency then that agreement should have been provided with the initial application. If it has not been, or a more current provisional indirect rate agreement has been executed, it needs to be provided as an attachment. In the absence of a provisional indirect rate agreement, the most current final indirect rate agreement should be provided as an attachment to this document.

1. Information for Determining Cognizant Agency/Office

Cognizance related duties (i.e.; negotiating provisional/final indirect rates) are the responsibility of the Cognizant Federal Agency (CFA). The CFA is the Federal agency (e.g., Department of Defense, Department of Energy, etc.) that provided the preponderance (largest amount) of funding for your awards, across all federal agencies. Once a Federal agency assumes cognizance for an organization, it should remain cognizant for at least 5 years to ensure continuity and ease of administration. **It is extremely important to confirm that you work with the correct cognizant federal agency/office.**

As a rule of thumb, Department of Health & Human Services (DHHS) or the Office of Naval Research (ONR) is usually the CFA for Universities, Cities, States, and Counties. DHHS/ONR cognizance is not usually transferred.

Please identify the CFA by providing the following information:

|  |
| --- |
| Agency: |
| Point-of-Contact: |
| Phone No.: |
| E-mail: |

To assist our office in validating the CFA, please provide the following information for the five (5) highest dollar award values for current Federal contracts, grants or awards for which the organization receives funding (either as a prime or subcontract) directly from a Governmental agency. (**State and Local Governments, Institutions of Higher Education, and Tribal organizations can skip this section if DHHS/ONR is the cognizant agency**). The total federal contract/award dollars should include the full project period, not just the incremental funding.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contract/Award # | Awarding Agency (e.g. DOE) | Awarding Office  (e.g. NETL) | Agency Contact Name/Phone/E-mail | Start Date | End Date | Total Value of Contract or Subcontract |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

If awardee has current DOE awards, identify Cognizant DOEOffice (CDO) (office providing the preponderance of DOE funding), and provide DOE office name, a point-of-contact, phone number, and e-mail (**If same as above**, proceed to Section F, Financial Management System-Accounting System Survey).

|  |
| --- |
| DOE Office: |
| Point-of-Contact (Contracting Officer): |
| Phone No.: |
| E-mail: |

To assist our office in validating the CDO, please provide the following information for the 5 highest dollar value awards for current DOE contracts, grants or awards for which the organization receives funding (either as a prime or subcontract) directly from a DOE office. (**State and Local Governments, Institutions of Higher Education, and Tribal organizations can skip this section if DHHS/ONR is the cognizant agency**). The total DOE contract/award dollars should include the full project period, not just the incremental funding.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DOE Contract/Award # | DOE Awarding Office | DOE Contact Name/Phone/E-mail | Start Date | End Date | Total Value of Contract or Subcontract |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

#### C. FINANCIAL MANAGEMENT SYSTEM – ACCOUNTING SYSTEM SURVEY

To qualify for a financial assistance award, compliance with 2 CFR 200 as amended by 2 CFR 910 is required. This includes assurance of an adequate accounting system for estimating, accounting and billing for governmental funding received.

For additional information, please visit <https://www.dcaa.mil>. Under “CUSTOMERS->checklists and Tools,” click on “Pre-award Accounting System Adequacy Checklist”.

Please complete the checklist below as assurance of this requirement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Yes | No | NA |
| 1. Has your organization’s accounting system ever been audited by DCAA? | |  |  |  |
| 1. If yes, please provide a copy of the audit report as an attachment to this document. |  |  |  |
| 1. If yes, did DCAA determine the accounting system acceptable for Federal awards? |  |  |  |
| 1. If yes, have there been any changes to the accounting system since the DCAA audit? If the answer is “yes”, please provide a detailed explanation of the changes. |  |  |  |
| Use this block to explain the changes or provide an attachment. | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Has your organization’s accounting system been audited by an outside Certified Public Accountant/consultant or other Cognizant Federal Agency other than DCAA? ***Important: Annual Financial Audits should be excluded.*** | |  | |  | |  | |
|  | |  | |  | |  | |
| 1. Is the Accounting System in accordance with Generally Accepted Accounting Principles applicable to the circumstances and associated applicable Federal regulations? | |  | |  | |  | |
|  | |  | |  | |  | |
| 1. Accounting System provides for: | | Yes | | No | | NA | |
| 1. Segregation of direct costs from indirect costs. | |  | |  | |  | |
| 1. Identification and accumulation of direct costs by project. | |  | |  | |  | |
| 1. A logical and consistent method for the allocation of indirect costs to intermediate and final cost objectives. (Project line items are final cost objective) | |  | |  | |  | |
| 1. Accumulation of costs under general ledger control. | |  | |  | |  | |
| 1. A timekeeping system that identifies employees’ labor by intermediate and final cost objective (i.e., project level, division level). | |  | |  | |  | |
| 1. A labor distribution system that charges direct and indirect labor to appropriate cost objectives. | |  | |  | |  | |
| 1. Interim (at least monthly) determination of costs charged to a project through routine posting of books of account. | |  | |  | |  | |
| 1. Excluding costs charged to Government projects which are not allowable in terms of 2 CFR 200, Subpart E, or 48 CFR 31.2 (FAR Part 31), Contract Cost Principles and Procedures, or other provisions, as applicable. | |  | |  | |  | |
| 1. Identification of costs by project line item and by units (as if each unit or line item were a separate project) if required by the proposed award. | |  | |  | |  | |
| 1. Is the Accounting System designed, and are the records maintained in such a manner that adequate, reliable data are developed for use in developing cost proposals? | |  | |  | |  | |
| 1. Is the Accounting System currently in full operation? | |  | |  | |  | |
| 1. Is your organization’s accounting system ready for a DCAA or independent Certified Public Accountant audit? | |  | |  | |  | |

***Please provide the type of accounting system utilized (manual or electronic) and if electronic, provide the software system implemented. In addition, if you checked “No” to any of the boxes above, please provide a detailed explanation here or as an attachment.***

#### D. ANNUAL AUDIT REQUIREMENTS

1. Single Audit – A non-Federal entity that expends $750,000 or more during the non-Federal entity’s fiscal year in Federal awards must have a single audit conducted in accordance with 2 CFR 200.514.
2. Has your organization had an independent single audit performed?

Yes

No

1. Has your organization undergone a financial audit within the last 3 years?

Yes

No

If Yes to either a or b, please include a copy of the audit as an attachment to this file.

If No to either a or b, complete the block below.

|  |
| --- |
| Use this block to explain why a financial audit was not completed or performed or provide an attachment. |

#### E. REPRESENTATION/CERTIFICATION

***Important: Certification of the information is required by the organization’s authorized representative.***

I certify that I have an active System for Award Management (SAM) registration.

I certify that I have registered in FedConnect.net to receive award documentation.

I certify that the processes undertaken to solicit any subrecipients, subawards, subcontracts and vendors comply with our organization’s written procurement procedures as outlined in “Procurement Standards” 2 CFR 200.317 through 2 CFR 200.328 inclusive.

I certify the Recipient:

(1) Has in effect an up-to-date, written, and enforced administrative process to identify and manage conflicts of interest with respect to all projects for which financial assistance funding is sought or received from DOE;

(2) Shall promote and enforce Investigator compliance with the [DOE Interim Conflict of Interest Policy](https://www.energy.gov/sites/default/files/2021-12/Interim%20COI%20Policy%20FAL2022-02%20to%20SPEs.pdf) requirements including those pertaining to disclosure of significant financial interests;

(3) Shall manage financial conflicts of interest and provide initial and ongoing financial conflicts of interest reports to DOE;

(4) Agrees to make information available, promptly upon request, to DOE relating to any Investigator disclosure of financial interests and the Recipient’s review of, and response to, such disclosure, whether or not the disclosure resulted in the Recipient’s determination of a financial conflict of interest; and

(5) Shall fully comply with the requirements of the [DOE Interim Conflict of Interest Policy](https://www.energy.gov/sites/default/files/2021-12/Interim%20COI%20Policy%20FAL2022-02%20to%20SPEs.pdf).

(6) Has in effect an up-to-date, written, and enforced policy and process for effective internal controls over, and accountability for, all funds, property and other assets to ensure they are used solely for authorized purposes.

#### F. Signatures

I, the Authorization Official named below, represent by my signature that I am authorized to certify this information on behalf of the Recipient. I certify under penalty of perjury that the information contained in this Pre-Award Information Sheet is true, accurate and complete. I understand that false, fictitious, or fraudulent information, misrepresentations, half-truths, or omissions of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or others. (18 U.S.C. §§ 1001 and 287, and 31 U.S.C. 3729-.730 and 3801-.3812). I further understand and agree that (1) the statements and representations made herein are material to DOE’s funding decisions, and (2) I have a responsibility to update the disclosures during the period of performance of the award should circumstances change which impact the responses provided above.

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Signature of Authorized Official: |  |
| Date: |  |

I, the Principal Investigator named below, certify to the best of my knowledge and belief that the information contained in this Pre-Award Information Sheet is true, complete, and accurate. I understand that false, fictitious, or fraudulent information, misrepresentations, half-truths, or omissions of any material fact may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (18 U.S.C. 1001 §§ 1001 and 287, and 31 U.S.C. 3729-3730 and 3801-3812). I further understand and agree that (1) the statements and representations made herein are material to DOE’s funding decision, and (2) I have a responsibility to update the disclosures during the period of performance of the award should circumstances change which impact the responses provided above.

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Signature of Principal Investigator: |  |
| Date: |  |

#### G. MISCELLANEOUS INFORMATION

1. Does your organization anticipate utilizing foreign nationals (FNs) in the performance of the award?

Yes (If yes, please provide a list of all FNs planned to participate on the award along with basic information about each. Basic information includes FN name, country of origin/citizenship, and FN role in the project (e.g. business officer, technical project manager, etc.). Attach the list to to the Pre-Award Information Sheet.

No

1. For this form, “principal” means: (1) An officer, director, owner, partner, principal investigator (PI), or other person (as defined in 2 C.F.R. 180.95) within the project team with management or supervisory responsibilities related to this project and any resulting transaction; or (2) A consultant or other person, whether or not employed by the Recipient, Subrecipient, or their principals, or paid with Federal funds, who (a) is in a position to handle Federal funds, (b) is in a position to influence or control the use of those funds, or (c) occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the transaction, including but not limited to, any Co-PIs. [↑](#footnote-ref-2)
2. For this form, “covered offenses” include: (1) Commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public or private agreement or transaction; (2) Violation of Federal or State antitrust statutes, including those proscribing price fixing between competitors, allocation of customers between competitors, and bid rigging; (3) Commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; or (4) Commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects the Recipient’s present responsibility. [↑](#footnote-ref-3)
3. Organizational Conflict of Interest means a situation where because of relationships with a parent company, affiliate, or subsidiary organization, the non-Federal entity is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization. [2 CFR 200.318](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#200.318)(c)(2). [↑](#footnote-ref-4)