

THE OFFICE OF CLEAN ENERGY DEMONSTRATIONS

Pre-Award Support Information

The following information is necessary for OCED's pre-award review process, and this template is provided as a convenient method of collecting this information, which includes: point of contact information; payment information; and assurances/certifications.

electee Information and Points of Contact	
Provide the following information:	
Legal Name of Organization:	
Unique Entity Number:	
this effort. The designated business contact usually	of contact that will be supporting the award negotiations fo has delegated signature authority in grants administration responsible for the technical direction and implementation of
Business Contact:	Phone:
Email:	
Project Contact:	Phone:
Email:	
Compliance with national policies. Provide the se	ame, phone number, and email address of the Designated puring compliance with national policies prohibiting
Responsible Employee, who is responsible for ensidiscrimination within your organization. (see 10 Cl Assurances for Non-Construction Programs or SF https://www.grants.gov/forms/forms-repository/s	Phone:

Payment

To establish your organization in the DOE Payment system, answer the following question:

Enrollment: Is the Selectee currently enrolled with the U.S. Department of Treasury/Automated Standard Application for Payment System (ASAP)?

If **YES**, please provide the Recipient ID:

If **NO**, provide the following contact information:

Payment Contact Name: _____

Phone: ___

_____ Email: ____

Potential Conflicts of Interest

A 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 and include sufficient information to enable DOE to understand the nature and extent of the financial conflict, and to assess the appropriateness of the organization's' management plan. See Section V(b)(3) of the <u>DOE Interim Conflict of Interest Policy</u>.

Does your organization, as an award recipient, or any subrecipients, have any managed or unmanageable financial conflicts of interest involving a member of the project team (i.e., Investigators)?

No

Yes. If yes, in a separate attachment, the recipient must provide relevant disclosures/supporting documentation as required by the <u>DOE Interim Conflict of Interest Policy</u> Section V(b)(3).

B Organizational Conflicts of Interest¹

The recipient or subrecipient must disclose in writing any potential or actual organizational conflict of interest to DOE. See <u>DOE Interim Conflict of Interest Policy</u> Section VI and 2 CFR §200.318(c) 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 <u>DOE Interim Conflict of Interest Policy</u> Section VI.

1. Organizational conflicts of interest occur when a recipient or subrecipient cannot be impartial in a procurement action due to their relationships with a parent company, affiliate, or subsidiary. See 2 CFR §200.318(c)(2).

Business Assurances/Certifications

Certification of the information is required by the organization's authorized representative:

I certify that all subrecipient cost information has been reviewed, and that all subrecipient costs are reasonable, allowable, and allocable in accordance with the applicable cost principles. All subrecipient budget documents should be available upon DOE request.

I certify that all direct costs proposed in the application (under the personnel, travel, equipment, supplies, contractual, construction, and/or other direct costs categories) are direct to the project and are not duplicated in the proposed indirect costs.

I certify that the processes undertaken to solicit any subrecipients, contractors and vendors comply with our organization's written procurement procedures as outlined in "Procurement Standards" 2 CFR §200.317 through 2 CFR §200.326 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 Project Director compliance with DOE's Interim Conflict of Interest (COI) Policy's 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 COI Policy.

Signature

I, the Authorization Official named below, represent by my signature that I am authorized to certify this information on behalf of the selectee. I certify to the best of my knowledge and belief that the information contained in this Pre-Award Support Information is true, complete and accurate. I understand that any 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 USC §§ 1001 and 287, and 31 USC §§ 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:	Phone:	
Email:		
Signature of Authorized Official:	[Date: