Subrecipient Profile Questionnaire

Please fill out the information below, as appropriate, and submit to:

Office of Sponsored Projects 350 Eddy Street, Box 1929, Providence, RI 02912 or as pdf to subawards@brown.edu

1. Please provide Subrecipient’s complete business information:

   Organization Name: ___________________________________________ Parent Entity: ______________________
   Address: _______________________________________________________________________________________
   City, State, Zip: __________________________________________________________________________________
   Phone: ___________________ Fax: ___________________ Email: ________________________________
   URL: ________________________________________________________________
   Incorporated In: ___________________________________ Date Incorporated: __________
   Congressional District (U.S. only)______________________ Number of Employees: ______

   Is the subrecipient registered in the Central Contractor Registration (www.sam.gov)?
   ___ Yes (expiration date) __________
   ___ No (This is required of all subawardees under federal prime awards including non-U.S. based organizations)

   SAM.gov UEI Number: __________________________________________

2. Subrecipient’s classification (for U.S. Institutions only): Check only if applicable
   [ ] Large Business [ ] Veteran-Owned [ ] Small Business [ ] Government Entity
   [ ] Historically Black College/University [ ] Small Disadvantaged Business [ ] Tribal
   [ ] Historically Underutilized Business Zone [ ] Woman-Owned [ ] Volunteer Organization
   [ ] Minority Institution/Owned

3. Subrecipient’s fiscal year? From: ___________________ To: ___________________

4. Does the subrecipient have a designated Federal Cognizant Audit Agency?
   [ ] Yes [ ] No
   If Yes, please provide the name & contact information of the agency:
   ________________________________________________________________

5. Does the subrecipient have a negotiated Federal Facilities and Administrative rate (i.e., Indirect Cost Rate)?
   [ ] Yes [ ] No
   If Yes, please attach a copy of your current rate agreement or provide the URL.
   If No, please attach the documentation to substantiate the proposed rate (e.g., breakdown of indirect and fringe benefit rate components).

6. Is subrecipient’s Conflict of Interest policy consistent with PHS (42 CFR Part 50.604) FCOI regulations published August 2011 and/or NSF requirements?
   [ ] Yes [ ] No

7. Is the subrecipient required to comply with the Uniform Guidance Single Audit requirement 2 CFR 200.501 (formerly OMB Circular A133)?
   [ ] Yes [ ] No  ATTENTION: If no, complete Appendix A

   Institutional Audit Contact Name: (e.g., Controller, CFO) ________________________________
   Title: ___________________________________________________ Email: ____________________________
   Address: ________________________________________________________________________________
   City/State/Zip: ____________________________________________________________________________

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8. Does the subrecipient have a financial management system that provides records that can identify the source and application of funds for award supported activities? (If applicable, refer to FAR 52.216-7 for guidance.)

☐ Yes ☐ No

9. Description of Subrecipient’s Cost Accounting System for recording expenses charged to contracts, grants and cooperative agreements. Mark the appropriate line(s) and if more than one is marked, explain on a continuation sheet.

Accrual ☐ Yes ☐ No
Modified Accrual Basis ☐ Yes ☐ No
Cash Basis ☐ Yes ☐ No
Other ☐ Yes ☐ No

10. Does the subrecipient’s financial system provide for time and effort reporting?

☐ Yes ☐ No

11. Does the subrecipient’s financial management system provide for the control and accountability of project funds, property and other assets?

☐ Yes ☐ No

12. Does the subrecipient have a formal, written personnel policy that addresses the following:

Pay Rates and Benefits ☐ Yes ☐ No
Time and Attendance ☐ Yes ☐ No
Leave ☐ Yes ☐ No
Discrimination ☐ Yes ☐ No
Conflicts of Interest ☐ Yes ☐ No

13. Does the subrecipient have a formal, written travel policy?

☐ Yes ☐ No

14. Does the subrecipient have a formal, written purchasing procedure?

☐ Yes ☐ No

15. Does the subrecipient maintain an inventory for Government Property that identifies purchase date, cost, vendor, description, serial number, location and ultimate disposition data? (Refer to FAR Part 45 for further guidance.)

☐ Yes ☐ No

Please provide the name, title and signature of the appropriate individual who is able to certify to the accuracy of this completed questionnaire.

Name/Title: ____________________________________________________________
Email: ________________________________________________________________
Signature: _____________________________________________________________
Date: _________________________________________________________________
APPENDIX A – NOT REQUIRED IF ORGANIZATION IS SUBJECT TO 2 CFR 200.501 (formerly OMB CIRCULAR A133)

Provide answers to the following questions:

1. Does the subrecipient have annual audits of its financial systems by an independent audit firm?
   □ Yes  □ No
   If yes, what auditing standards are followed? __________________________________________________________

2. Does the subrecipient have annual financial statements that have been audited by an independent audit firm?
   If yes, please attach a copy or provide the URL to the statement(s) for the most current fiscal year. If no, please explain
   □ Yes  □ No

3. Are duties separated so that no one individual has complete authority over an entire financial transaction?
   □ Yes  □ No

4. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?
   □ Yes  □ No

5. Are all disbursements properly documented with evidence of receipt of goods or performance of services?
   □ Yes  □ No

6. Are all bank accounts reconciled monthly?
   □ Yes  □ No

7. How does the organization ensure that all cost transfers are legitimate and appropriate?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

8. How does the organization determine it has met cost sharing goals?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

9. Does your organization have a cash forecasting process that will minimize the time elapsed between drawing down of funds and the disbursement of those Funds?
   □ Yes  □ No

10. If your organization enters into agreements for work or research to be performed outside of the United States, does it have systems in place to prevent and detect payments made to government officials to allow or procure work and research opportunities for or on behalf of your organization?
    □ Yes  □ No

11. Has your organization previously received funds for research or services from a United States based sponsor or agency?
    □ Yes  □ No
If yes, please provide the name of no more than 5 (five) prior awards:_______________________________________________
____________________________________________________________________________________________________________________