



Brown University

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: _____

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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Modified Accrual Basis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cash Basis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Time and Attendance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Leave	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Discrimination	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Conflicts of Interest	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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: _____
