

**Subrecipient Profile Questionnaire**

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

***Office of Sponsored Projects***

*164 Angell Street, Box 1929, Providence, RI 02912 or as pdf to* [*subawards@brown.edu*](mailto:subawards@brown.edu)

1. Please provide Subrecipient’s complete business information:

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(required)

Incorporated In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Incorporated: \_\_\_\_\_\_\_\_\_\_

Congressional District (U.S. only)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Employees: \_\_\_\_\_\_\_

Is the subrecipient registered in the Central Contractor Registration ([www.sam.gov](http://www.sam.gov))?

\_\_\_\_Yes (expiration date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ No (**This is required of all subawardees under federal prime awards including non-U.S. based organizations**)

1. 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

1. Subrecipient’s fiscal year? From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does the subrecipient have a designated Federal Cognizant Audit Agency?

Yes No If Yes, please provide the name & contact information of the agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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).*

1. 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

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

1. 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

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

Yes No

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

Yes No

1. 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

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

Yes No

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

Yes No

1. 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?

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

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_