

Subrecipient Profile Questionnaire

How to use: The questionnaire is used to help determine a subrecipient organization's financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. The questionnaire must be completed and signed by the subrecipient prior to the issuance of a subaward agreement.

Section A: Proposal Information

Name of PBRC PI:

Name of Subrecipient PI:

Prime Sponsor:

Project Title:

Award Number:

Section B: Subrecipient Eligibility

Is your organization or your organization's principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency?

Yes No

If yes, please skip the rest of the questionnaire, sign and return the questionnaire to grants@pbrc.edu.

Section C: Subrecipient Determination

Is your organization properly categorized as a subrecipient in accordance with 2CFR200.330?

Yes No

Section D: Subrecipient Organization Information

Please fill out the information below, as appropriate.

1. Complete address and contact information:

Name:

Address:

Phone:

Fax:

Email:

URL:

Incorporated in:

Incorporated Date:

Number of Employees:

Congressional District:

DUNS Number:

EIN:

Reg. in SAM? Yes No

Expiration Date of Current registration: _____

2. Type of organization (check all that apply):

☐ University

☐ Louisiana State

☐ Other State (non-LA)

☐ Non-Profit Org

☐ For-Profit Org

☐ Foundation

☐ Federal Government

☐ Foreign Entity

☐ Other: _____

3. Organization classification (if applicable):	
<input type="checkbox"/> Large Business <input type="checkbox"/> Historically Black College / University <input type="checkbox"/> Historically Underutilized Business Zone <input type="checkbox"/> Minority Institution / Owned <input type="checkbox"/> Tribal <input type="checkbox"/> Veteran-Owned	<input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Individual <input type="checkbox"/> Volunteer Organization <input type="checkbox"/> Other: _____
4. Fiscal year dates (month and year):	
5. Name of designated federal cognizant agency, if applicable:	
6. Negotiated Federal Facilities and Administrative rate (F&A):	
<input type="checkbox"/> Yes <input type="checkbox"/> No URL: _____ If yes, please attach a copy of your current rate agreement or provide the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2CFR200.414.	
7. Fringe Benefit rate:	
<input type="checkbox"/> Yes <input type="checkbox"/> No URL: _____ If yes, please attach a copy of your current fringe benefit rate memorandum or provide the URL.	
8. OMB Uniform Guidance Subpart F – Audit Requirements:	
Audit Contact Name and Title: Address: Email: Auditee Name Filed Under: <i>(exact legal name under which your audit report is filed in the Federal Audit Clearinghouse Internet site at http://harvester.census.gov/sac/)</i> EIN Filed Under:	
9. Has organization received in the past the same or similar Federal subawards to the current subaward? (2CFR200.331)	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Subrecieipient hereby agrees to provide further documentation upon request.	

18. Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Does the financial system provide for the control and accountability of project funds, property, and other assets?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Authorized Representative Approval

By signing below, the authorized representative certifies, to the best of subrecipient’s knowledge, all information submitted on this form, or attached for submission to PBRC, is accurate and complete.

Date _____

Signature

Printed Name & Title

For PBRC Office Use Only:	
Risk Level Determination: ___ Lower ___ Medium ___ Higher	
Notes: _____	

Approved By: _____	Date _____