

Subrecipient Profile Questionnaire

<u>How to use:</u> 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:							
Nam	Name of Subrecipient PI:						
Prim	e Sponsor:						
Proje	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	s, please skip the rest of the o	questionnaire, si	gn and return th	e questionnaire to grants@pbrc.edu.			
Secti	on C: Subrecipient Determin	ation					
Is yo	ur organization properly cate	gorized as a sub	precipient in acco	ordance with 2CFR200.330?			
Yes	No						
Secti	on D: Subrecipient Organiza	tion Informatio	n				
Plea	se fill out the information l	below, as appr	opriate.				
1.	Complete address and contact information:						
	Name:						
	Address:						
	Phone:		Fax:				
	Email:		URL:				
	Incorporated in:		Incorporated Da	ate:			
	Number of Employees:		Congressional D	istrict:			
	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 E	ntity	[] Other:			

3.	Organization classification (if applicable):			
	[] Large Business	[] Small Business		
	[] Historically Black College / University	[] Small Disadvantaged Business		
	[] Historically Underutilized Business Zone	[] Woman-Owned		
	[] Minority Institution / Owned	[] Individual		
	[] Tribal	[] Volunteer Organization		
	[] Veteran-Owned	[] Other:		
4.	Fiscal year dates (month and year):			
5.	Name of designated federal cognizant agency, if applicab	le:		
6.	Negotiated Federal Facilities and Administrative rate (F&A):			
	[] Yes [] 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:			
	[] Yes [] 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:			
	(exact legal name under which your audit report is filed in the Federal Audit Clearinghouse Internet site at http://harvester.census.gov/sac/)			
	EIN Filed Under:			
9.	Has organization received in the past the same or similar Federal subawards to the current subaward? (2CFR200.331)			
	[] Yes [] No If Yes, Subreciepient hereby agrees to provide further docu	imentation upon request.		

10.	Does organization have on-going direct Federal awards? (2CFR200.331)					
	[] Yes	es [] No				
	If Yes, do any such federal a	If Yes, do any such federal awards come from the same Federal awarding agency which funds this project?				
	[] Yes	[] No				
11.	Please certify policies and/o	fy policies and/or procedures exist that address the following:				
	[] Pay Rates and Benefits	[] Conflict of Interest	[] Export Control			
	[] Time and Attendance	[] Travel	[] Purchasing			
	[] Leave	[] Use of Animals/Huma	ns			
		Subjects/Recombinant I	DNA			
	By signing this document, subrecipent certifies that policies and/or procedures shown above are in place. If not, then subrecipient agrees to abide by PBRC's policies and/or procedures.					
12.	Does Subrecipient's scope of work involve regulatory compliance considerations (e.g. IRB, IACUC, Export Control, etc.)?					
	[] Yes	[] No				
	If yes, please explain:					
13.	Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?					
	[] Yes	[] No				
14.	Has any new system been recently put in place or has there been any change to the existing system (e.g. accounting, information, management, etc.)? (2CFR200.331)					
	[] Yes	[] No				
	If Yes, please explain:					
NOT	E: Answer the remaining ques	stions below only if answer	to questions 6 and 7 is "No," and 8 was left blank.			
15.	Has organization in the pred awards?	ceding fiscal year expended	any federal funds in either direct or indirect Federal			
	[] Yes	[] No				
	If Yes, please indicate the ex	penditure amount:				
16.	Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most current fiscal year.					
	[] Yes	[] No				
17 .	Does organization adhere to	Does organization adhere to Subpart E Cost Principles of 2CFR200 under the proposed subaward?				
	[] Yes	[] No	[] N/A			

18.	Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?			
	[] Yes [] No			
19.	Does the financial system provide for the control and assets?	accountability of project funds, property, and other		
	[] Yes [] 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		
Signa	nature			
	A. J. N O. Tills			
Print	nted Name & Title			
For F	DPDC Office Use Only			
FULL	PBRC Office Use Only:	Ligher		
	Risk Level Determination: Lower Medium Notes:			
	Approved By:	Date		