Initial Award Stage Monitoring

Fill out the information below, as appropriate or verify the information below and make corrections or additions as needed.

# Domestic Subrecipient Profile Questionnaire

**Purpose:** 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 domestic subrecipients.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **Complete address and contact information:** | | | |
|  | Name:  Address:  Phone:  Email:  Incorporated in:  Number of Employees:  DUNS Number: | Fax:  URL:  Incorporated Date:  Congressional District:  EIN (Employee ID Number): | | |
|  |  | | Registered in SAM.gov? Yes No  SAM.gov registration expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **2.** | **Type of organization (check one):** | | | |
|  | [ ] Federal Government | [ ] Individual | | [ ] State of Texas |
|  | [ ] Other State (non-NY) | [ ] Corporation | | [ ] Foreign Government |
|  | [ ] Non-Profit Org | [ ] University | | [ ] Foundation |
| **3.** | **Organization classification:** | | | |
|  | [ ] 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 applicable:** | | | |
|  | [ ] Yes | [ ] No | |  |
| **6.** | **Negotiated Federal Facilities and Administrative rate (IDC):** | | | |
|  | [ ] Yes | [ ] No | |  |
|  | If yes, please attach a copy of your current rate agreement or provide the URL. If no, please provide the documentation to substantiate the proposed rate (i.e., breakdown of rate components). | | | |
| **7.** | **Required to comply with 2 CFR 200 Subpart F (Uniform Guidance) – Audit Requirements:** | | | |
|  | [ ] Yes | [ ] No | |  |
|  | Audit Contact Name and Title:  Auditee Name Filed Under:  *(exact legal name under which your audit report is filed in the Federal Audit Clearinghouse Internet site at https://harvester.census.gov/facweb/*)  EIN (Employer ID Number) Filed Under:  Address:  Email: | | | |
| **NOTE: answer questions 8-14 only if answer to questions 6 or 7 is “No”** | | | | |
| **8.** | **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 | |  |
| **9**. | **Does organization adhere to CASB (Cost Accounting Standards Board) regulations under the proposed subcontract (FAR Part 30)?(**Refer to http://www.arnet.gov/far/current/html/Subpart\_30\_1.html) | | | |
|  | [ ] Yes | [ ] No | | [ ] N/A |
| **10.** | **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 | |  |
| **11.** | **Does the financial system provide for the control and accountability of project funds, property, and other assets?** | | | |
|  | [ ] Yes | [ ] No | |  |
| **12.** | **Do policies exist that address:** | | | |
|  | Pay Rates and Benefits? | [ ] Yes | | [ ] No |
|  | Time and Attendance? | [ ] Yes | | [ ] No |
|  | Leave? | [ ] Yes | | [ ] No |
|  | Discrimination? | [ ] Yes | | [ ] No |
|  | Conflicts of Interest? | [ ] Yes | | [ ] No |
|  | Travel? | [ ] Yes | | [ ] No |
|  | Purchasing? | [ ] Yes | | [ ] No |
|  | *If yes to any of the above, please attach a copy of the relevant policy, or the URL.* | | | |
| **13.** | **Describe the method used to support labor and benefit charges** | | | |
|  |  | | | |
| **14.** | **Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?** | | | |
|  | [ ] Yes | [ ] No | |  |
| **Information contact:** | | | | |
|  | I certify that the information provided herein is true and correct to the best of my knowledge.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |