

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 can be completed by the subrecipient or by the UPR responsible office before an agreement is made with the subrecipient. Questions may be omitted or added to obtain information most useful for developing a monitoring plan.

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

1. Complete address and contact information:

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
Fax: _____
Email: _____
URL: _____

2. Company Information:

Incorporated in: _____
Incorporated Date: _____
Number of Employees: _____
EIN
(Employee ID Number): _____
DUNS Number: _____
Register on PR GSA?* _____ Yes _____ No

*Puerto Rico General Service Administration

3. Type of organization (check one):

- | | |
|---|---|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Higher Education Institution |
| <input type="checkbox"/> State Agencies | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Municipalities | <input type="checkbox"/> Corporation / Private |
| <input type="checkbox"/> Foreign Government | <input type="checkbox"/> Foundation |

5. Organization classification: (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Community College | <input type="checkbox"/> Large Business |
| <input type="checkbox"/> Research Intensive | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Minority Institution | <input type="checkbox"/> Woman-Owned |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Volunteer Organization |
| <input type="checkbox"/> Veteran-Owned | <input type="checkbox"/> Small Disadvantaged Business |
| <input type="checkbox"/> Other: _____ | |

4. Fiscal year (month and day):

Month Day
Start on: _____ / _____
End on: _____ / _____

6. Name of designated federal cognizant agency, if applicable:

7. Negotiated Federal Facilities and Administrative rate (Indirect Cost Rate):

_____ Yes _____ No

If yes, please attach a copy of your current rate agreement or provide the URL. If not, please provide the documentation to substantiate the proposed rate (i.e., breakdown of rate components).

8. Required to comply with the 2 cfr 200, Subpart F-Audit Requirements:

_____ Yes* _____ No

* If Yes, please provide a copy or link

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 <http://harvester.census.gov/sac/>)

EIN (Employer ID Number) Filed Under: _____

Address: _____

Email: _____

NOTE: answer questions 9 - 13 only if answer to questions 7 or 8 is "No"

9. Have annual financial statements been audited by an independent audit firm? If yes, provide an electronic copy of the statements for the most current fiscal year.

_____ Yes _____ No

10. Does the 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 Effort?	[] Yes	[] No
Leave or absence?	[] Yes	[] No
Discrimination?	[] Yes	[] No
Conflicts of Interest in Research?	[] Yes	[] No
Travel?	[] Yes	[] No
Purchasing?	[] Yes	[] No

13. Contact information:

a. Contact for Fiscal Information:

Name: _____
Title: _____
Email: _____
Signature: _____
Date: _____

b. Contact for Scientific Information:

Name: _____
Title: _____
Email: _____
Signature: _____
Date: _____