LSUHSC-New Orleans Domestic Subrecipient Profile Questionnaire

How to use: This 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. The questionnaire must be completed and signed by the subrecipient annually and/or prior to the issuance of a subaward. See this link for additional information on the OMB Uniform Guidance: www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200

Section A: Complete address and contact information:		
Name of Your Organization:		
Address:		
Phone:	Fax:	
Email:	URL:	
Incorporated in:	Incorporated Date:	
Number of Employees:	Congressional District:	
UEI Number:	EIN:	
Reg. in SAM? Yes 📃 No 🗌	Expiration Date of Current registration:	
Please provide documentation of registration.		
Section B: Subrecipient Eligibility		
Is your organization or are 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 <u>nosponproj@lsuhsc.edu</u> .		
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.	Type of organization (check all that apply):		
	[] University	[] Louisiana State	[] Other State (non-Louisiana)
	[] Non-Profit Org	[] For-Profit Org	[] Foundation
	[] Federal Government	[] Foreign Entity	[] Other:
2.	Organization classification (if applicab	le):	
	[] Large Business		[] Small Business
	[] Historically Underutilized Business Z	Zone	[] Woman-Owned
	[] Minority Institution / Owned		[] Individual
	[] Tribal		[] Volunteer Organization
	[] Veteran-Owned		[] Other:

3.	Fiscal year dates (month and year):		
4.	Name of designated federal cognizant agency, if applicable:		
5.	Negotiated Federal Facilities and Administrative rate (F&A):		
	[]Yes []No		
	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 may be used in accordance with 2CFR200.414.		
6.	Required to comply with OMB Uniform Guidance Subpart F – Audit Requirements:		
	Does your organization expend \$1,000,000 or more in federal expenditures on Direct and Indirect Federal Awards?		
	[] Yes [] No		
	If answer is "No" (please complete Questions 14-19)		
	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 <u>https://harvester.census.gov/facweb/</u>)		
	EIN Filed Under:		
6A.	If the answer to Question 6 is "Yes", is your audit information incorporated into one or more other entity's audit report(s)? If so, please provide information.		
	[]Yes []No		
7.	Has your organization received any audit findings or have any material weaknesses been identified in either of the two preceding fiscal years?		
	[]Yes []No		
	Please provide a copy or link to your audit report if it is not available through the Federal Audit Clearinghouse.		
8.	Does your organization have on-going direct Federal awards? (2CFR200.331)		
	If Yes, do any such federal awards come from the same Federal awarding agency which funds the project(s) on which you are a subrecipient to LSUHSC-NO?		
	[] Yes [] No		
	If your organization has no on-going direct federal awards, do you have on-going indirect federal awards (i.e. federally funded subawards)?		
	[] Yes [] No		
	If Yes, please provide an attachment including the name of the Federal agency, the prime recipient, project title, subaward period, and subaward amount for at least five of these subawards.		

9.	Do policies and/or procedures exist that address:		
	a. Pay Rates and Benefits?	[] Yes	[] No
	b. Time and Attendance?	[]Yes	[] No
	c. Leave?	[]Yes	[] No
	d. Travel?	[] Yes	[] No
	e. Purchasing	[]Yes	[] No
	f. Use of Animals/Human Subjects/Recombinant DNA?	[]Yes	[] No
	g. Conflict of Interest?	[] Yes	[] No
	h. Safeguard protected personally identifiable information that are considered sensitive with applicable Federal, State, local and tribal laws?	[] Yes	[] No
	i. Export Control?	[]Yes	[] No
	j. Does the accounting system track disbursements of funds by each grant or funding source?	[]Yes	[] No
	k. Is the accounting system able to generate ledgers by grant or funding source?	[] Yes	[] No
10.	. Does Subrecipient's scope of work involve regulatory compliance considerations (e.g. IRB, IACUC, Export Control, etc.)?		
	[] Yes [] No		
	If yes, please explain:		
11.	Describe the method by which labor a	nd fringe ben	nefits are assessed on sponsored projects
12.	. Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?		
	[] Yes	[] No	
13.	Has any new system been recently put in accounting, information, management, e	•	s there been any change to the existing system (e.g. 00.331)
	[] Yes If Yes, please explain	[]	No

	Answer questions 14-19 below only if questions 6 response is "No"			
14.	Has organization in the awards?	e preceding fiscal year expended a	any federal funds in either direct or indirect Federa	al I
	[] Yes	[] No		
	If Yes, please indicate t	he expenditure amount:		
15.	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.		е	
	[]Yes	[] No		
16 .	Does organization adh	ere to Subpart E Cost Principles o	f 2CFR200?	
	[] Yes	[] No	[] N/A	
17.	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		
18.	Does the financial syst assets?	em provide for the control and ac	countability of project funds, property, and other	
	[] Yes	[] No		
19.	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.			

	Subrecipient Authorized Organ	izational Official:	
Title: Signature: _			
	LSU Health Sciences Center-NO use only:		
Title: Signature: _	Lynne Tardiff, CPA Assistant Director of Sponsored Projects		