

## **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](http://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 [nosponproj@lsuhsc.edu](mailto:nosponproj@lsuhsc.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. Type of organization (check all that apply):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> University         | <input type="checkbox"/> Louisiana State | <input type="checkbox"/> Other State (non-Louisiana) |
| <input type="checkbox"/> Non-Profit Org     | <input type="checkbox"/> For-Profit Org  | <input type="checkbox"/> Foundation                  |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Foreign Entity  | <input type="checkbox"/> Other: _____                |

#### **2. Organization classification (if applicable):**

- |   |   |
|---|---|
| <input type="checkbox"/> Large Business                           | <input type="checkbox"/> Small Business         |
| <input type="checkbox"/> Historically Underutilized Business Zone | <input type="checkbox"/> Woman-Owned            |
| <input type="checkbox"/> Minority Institution / Owned             | <input type="checkbox"/> Individual             |
| <input type="checkbox"/> Tribal                                   | <input type="checkbox"/> Volunteer Organization |
| <input type="checkbox"/> Veteran-Owned                            | <input type="checkbox"/> Other: _____           |



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

