

## 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: [Link to Uniform Guidance](#)

### 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>3. Fiscal year dates (month and year):</b>
<b>4. Name of designated federal cognizant agency, if applicable:</b>
<b>5. Negotiated Federal Facilities and Administrative rate (F&amp;A):</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please attach a copy of your current rate agreement or provide the URL. If no, a de minimis rate may be used in accordance with 2CFR200.414.
<b>6. Required to comply with OMB Uniform Guidance Subpart F – Audit Requirements:</b>
Does your organization expend \$1,000,000 or more in federal expenditures on Direct and Indirect Federal Awards? Yes <input type="checkbox"/> No <input type="checkbox"/>
If answer is “No” (please complete Questions 14-19)
Audit Contact Name and Title:
Address:
Email:
Auditee Name Filed Under: <i>(exact legal name under which your audit report is filed in the Federal Audit Clearinghouse Internet site at <a href="https://harvester.census.gov/facweb/">https://harvester.census.gov/facweb/</a>)</i>
EIN Filed Under:
<b>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.</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>7. Has your organization received any audit findings or have any material weaknesses been identified in either of the two preceding fiscal years?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide a copy or link to your audit report if it is not available through the Federal Audit Clearinghouse.
<b>8. Does your organization have on-going direct Federal awards? (2CFR200.331)</b>
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 <input type="checkbox"/> No <input type="checkbox"/>
If your organization has no on-going direct federal awards, do you have on-going indirect federal awards (i.e. federally funded subawards)? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>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.</i>

<b>9. Do policies and/or procedures exist that address:</b>		
a. Pay Rates and Benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Salary Limitation for HHS Grants and Cooperative Agreements for both direct and indirect salaries (NOT-OD-25-025)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Time and Attendance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Leave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Travel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Purchasing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Use of Animals/Human Subjects/Recombinant DNA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Conflict of Interest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Safeguard protected personally identifiable information that are considered sensitive with applicable federal, state, local and tribal laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Export Control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Does the accounting system track disbursements of funds by each grant or funding source?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Is the accounting system able to generate ledgers by grant or funding source?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>10. Does Subrecipient's scope of work involve regulatory compliance considerations (e.g., IRB, IACUC, Export Control, etc.)?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
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>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
<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>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain:		

**Answer questions 14-19 below only if Question 6 response is "No"**

**14. Has organization in the preceding fiscal year expended any federal funds in either direct or indirect Federal awards?**

Yes  No

If yes, please indicate the expenditure amount: \$

**15. Has an independent audit firm audited annual financial statements? If yes, provide a copy of the statements for the most current fiscal year.**

Yes  No

**16. Does organization adhere to Subpart E Cost Principles of 2CFR200?**

Yes  No  N/A

**17. Does organization have a fiscal management system that provides records that can identify the source and application of funds for award-supported activities?**

Yes  No

**18. Does the financial system provide for the control and accountability of project funds, property, and other assets?**

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 Organizational Official:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**LSU Health Sciences Center-NO use only:**

Name: Lynne Tardiff, CPA

Title: Assistant Director of Sponsored Projects

Signature: \_\_\_\_\_

Date: \_\_\_\_\_