

## SUBRECIPIENT PROFILE QUESTIONNAIRE – DOMESTIC ENTITIES

Chief Financial Officer  
Subrecipient Organization

Re: Subrecipient Questionnaire

Dear Sir or Madam,

The Research Foundation of CUNY (RF), on behalf of the Colleges of The City University of New York, is considering making a subaward of Federal or other sponsored funds to your organization under prime grant/cooperative agreement no. \_\_\_\_\_ or CFDA no. \_\_\_\_\_.

As a recipient of Federal awards, the RF has an obligation under OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR §200) ("Uniform Guidance") to assess any potential subrecipient prior to making a subaward. As part of this process, the attached Subrecipient Profile Questionnaire is required to be completed by an authorized representative at your institution. This questionnaire will be used by the RF to help determine your organization's financial and management strength.

Upon completion, please email the questionnaire to [subrecipients@rfcuny.org](mailto:subrecipients@rfcuny.org).

Please feel free to contact me at (212) 417-8577 if you have any questions.

Thank you for your cooperation.

Sincerely,

Tatyana Gun  
Compliance Manager  
Research Foundation of CUNY

**Subrecipient Profile Questionnaire**

Complete, sign, and return copy to [subrecipients@rfcuny.org](mailto:subrecipients@rfcuny.org).

1. Complete address and contact information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ URL \_\_\_\_\_  
Incorporated in \_\_\_\_\_ Incorporated date \_\_\_\_\_  
# of Employees \_\_\_\_\_ Congressional District \_\_\_\_\_  
DUNS Number \_\_\_\_\_ EIN \_\_\_\_\_ Unique Entity Identifier \_\_\_\_\_

2. Type of Organization (check one)

<input type="checkbox"/> Federal Government	<input type="checkbox"/> Individual	<input type="checkbox"/> New York State
<input type="checkbox"/> Other State (non-NY)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Foreign Government
<input type="checkbox"/> Non-Profit Org	<input type="checkbox"/> University	<input type="checkbox"/> Foundation

3. Organization Classification

<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Business	<input type="checkbox"/> Individual
<input type="checkbox"/> College/University	<input type="checkbox"/> Veteran-Owned	<input type="checkbox"/> Tribal
<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Woman-Owned	<input type="checkbox"/> Volunteer Organization

4. Fiscal Year From \_\_\_\_\_ To \_\_\_\_\_

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:

\_\_\_\_\_

7. Is your organization required to comply with the Uniform Guidance Subpart F Audit Requirements?  
 Yes  No

Audit Contact Name & Title \_\_\_\_\_

Auditee Name filed under \_\_\_\_\_  
(please provide exact legal name under which your audit report is filed in the Federal Audit Clearinghouse internet site at <https://harvester.census.gov/facweb/default.aspx/>)

EIN (Employer ID Number) filed under \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Note: Questions 8-14 are only required to be answered if you answered "No" to question 7.

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

Yes  No

9. Does your organization adhere to CASB (Cost Accounting Standards Board) regulations under the proposed subcontract (FAR Part 30)? Refer to <https://origin-www.acquisition.gov/far/part-30>

Yes  No  N/A

10. Does your 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 your organization's financial system provide for the control and accountability of project funds, property and other assets?

Yes  No

12. Do these policies exist at that address:

Pay rates and benefits?	<input type="radio"/> Yes	<input type="radio"/> No
Time and attendance?	<input type="radio"/> Yes	<input type="radio"/> No
Leave?	<input type="radio"/> Yes	<input type="radio"/> No
Discrimination?	<input type="radio"/> Yes	<input type="radio"/> No
Conflicts of interest?	<input type="radio"/> Yes	<input type="radio"/> No
Travel?	<input type="radio"/> Yes	<input type="radio"/> No
Purchasing?	<input type="radio"/> Yes	<input type="radio"/> No

13. Describe the method used to support labor and fringe benefit charges.

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14. Does your organization maintain an inventory for Government property that identifies purchase date, cost, vendor, description, serial number, location and ultimate date of disposition?

Yes  No

By checking the box below I am certifying that I am an authorized representative of the company.

I hereby certify that the information I provided accurately represents the organization of which I am an authorized representative.

Certified

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_