

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.

Please feel free to contact me at (212) 417-8559 if you have any questions.

Thank you for your cooperation.

Sincerely,

Algirdas Skukauskas
Compliance Manager
Research Foundation of CUNY

Subrecipient Profile Questionnaire

Complete, sign, and return copy to 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 _____

2. Type of Organization (check one)

Federal Government

Individual

New York State

Other State (non-NY)

Corporation

Foreign Government

Non-Profit Org

University

Foundation

3. Organization Classification

Large Business

Small Business

Individual

College/University

Veteran-Owned

Tribal

Minority Owned

Woman-Owned

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://acquisition.gov/far/current/html/Subpart%2030_1.html.

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?	Yes	No
Time and attendance?	Yes	No
Leave?	Yes	No
Discrimination?	Yes	No
Conflicts of interest?	Yes	No
Travel?	Yes	No
Purchasing?	Yes	No

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

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 _____