



FORDHAM UNIVERSITY
THE JESUIT UNIVERSITY OF NEW YORK

Subrecipient Profile Questionnaire

Please fill out the information below, as appropriate, and submit to:

Office of Sponsored Projects

441 E. Fordham Road, Canisius Hall, Bronx, NY 10458 or osp@fordham.edu

1. Please provide complete subrecipient's business information:

Organization Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ URL: _____

DUNS Number: _____

Name/Title of person responsible for financial matters: _____

Registered in SAM? Yes No

2. What is the subrecipient's classification? (Check only if applicable)

Large Business Veteran-Owned Small Business Government Entity

Historically Black College / University Small Disadvantaged Business Tribal

Historically Underutilized Business Zone Woman-Owned Volunteer Organization

Minority Institution / Owned

3. What is the subrecipient's fiscal year? From: _____ To: _____

4. Has subrecipient previously done work with the federal government? Yes No

If yes, please list the last three agreements and note whether it was a prime award or lower tier contract:

Agency: _____ Award Period: _____

Agency: _____ Award Period: _____

Agency: _____ Award Period: _____

5. Does the subrecipient have a designated Federal cognizant audit agency?

Yes No

If yes, please provide the name of the agency:

6. Does the subrecipient have a negotiated Federal Facilities and Administrative rate (IDC)?

Yes

No

If yes, please attach a copy of your current rate agreement or the URL. If no, please provide the documentation to substantiate the proposed rate (i.e., breakdown of rate components).

7. Is the subrecipient required to comply with OMB Uniform Guidance?

Yes, subrecipient DOES receive an annual audit in accordance with OMB Uniform Guidance.

Most recent fiscal year reported: _____

Were there any audit findings? Yes No

If yes, explain here:

A133 Contact Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Note: a complete copy of subrecipient's most recent audit report or the URL link to a complete copy must be furnished to Fordham before a subaward will be issued. URL: _____

No, subrecipient DOES NOT receive an annual audit in accordance with OMB Uniform Guidance.

Subrecipient is a: Non-profit entity (under federal funding threshold)

Foreign entity

For-profit entity

Government entity

Will the subrecipient adhere to Cost Accounting Standards Board (CASB) regulations under the proposed subaward (FAR Part 30)? (Refer to <https://www.acquisition.gov/far/97-09/html/30.html>)

Yes

No

8. Does the subrecipient's financial management systems provide for the control and accountability of project funds, property, and other assets?

Yes

No

9. Does the subrecipient have a formal, written personnel policy that addresses the following:

Pay Rates & Benefits Yes No

Time and Attendance Yes No

Leave Yes No

Discrimination Yes No

Conflict of Interest Yes No

Is subrecipient's conflict of interest policy consistent with NIH and NSF requirements? Yes No

10. Describe the method that the subrecipient uses to support labor and benefit charges (e.g. timesheets, % effort):

11. Does the subrecipient have a formal written travel policy?

Yes

No

12. Does the subrecipient have a formal written purchasing procedure?

Yes

No

13. Does the subrecipient maintain an inventory for Government property that identifies purchase date, cost, vendor, description, serial number, location and ultimate disposition data?
- Yes No
14. Is the entity, PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal department, agency, assistance programs or activities?
- Yes No
15. Subrecipient organization/institution hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50 Subpart F or 45 CFR Part 94, as applicable.
- Yes No

If “Yes”, proceed to 15a. or 15b., as applicable.
If “No”, proceed to 15c. and fill out the Disclosure Form, attached.

15a. By checking this box the subrecipient institution/organization certifies that the above-named investigator does not have any significant financial interests related to this project. Therefore, no conflict of interest has been identified.

15b. By checking this box the subrecipient institution/organization certifies that the above-named investigator does have significant financial interests related to this project. Therefore, a conflict of interest has been identified, and:

- managed*
- reduced*
- eliminated*

(* Please provide documentation supporting the identification and management of the conflict of interest.)

15c. Subrecipient organization/institution does not have an active and/or enforced conflict of interest policy and hereby agrees to comply with Fordham University’s policies and procedures relating to financial conflicts of interest in research. Each investigator, as defined in Fordham’s policy, has completed a Disclosure Form and attached it here.

Approved for Subrecipient: The information, certifications and representations above have been read, signed and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the subrecipient’s own risk.

Signature of Subrecipient’s Authorized Official: _____

Name: _____

Title: _____

Email: _____

Date: _____

If you have any inquiries about this questionnaire, please feel free to contact Fordham University Office of Sponsored Projects at osp@fordham.edu.