

Subrecipient Profile Questionnaire

<u>How to use:</u> The 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 prior to the issuance of a subaward.

Section A: LATech Proposal Information (LATech Use Only)						
LATech Proposal Number:						
Name of LATech PI:						
LATech PI Department:						
Prime Sponsor:						
Project Title:	·					
LATech Account Number (if known):						
Section B: Subrecipient Eligibility						
Is your organization or your organization's principals predeclared ineligible or voluntarily excluded from participal Yes No If yes, please skip the rest of the questionnaire, sign and	ation in this transaction by any federal department or agency?					
Section C: Subrecipient Determination						
Is your organization properly categorized as a subrecipie Yes No	ent in accordance with 2CFR200.330?					
Section D: Subrecipient Organization Information						
Please fill out the information below, as appropriate	е.					
1. Complete address and contact information:	Complete address and contact information:					
Name of Your Organization:						
Address:						
Phone:	Fax:					
Email:	URL:					
Incorporated in:	Incorporated Date:					
Number of Employees:	Congressional District:					
DUNS Number:	EIN:					
Registered in SAM? Yes No	Expiration Date of Current registration:					

Nar	me:					
	dress:					
	ephone:					
	ail:					
<u>Prir</u>	ncipal Investigator:					
Nar	me:					
Add	dress:					
Tele	ephone:			Fax	:	
Ema	ail:					
-	ancial Contact:					
	ne:					
	dress:					
	ephone:				:	
	ail: :horized Official:					
	me:					
	dress:					
	ephone:				:	
	ail:					
Тур	pe of organization (check all that ap	oply):				
	University		Louisiana	State		Other State (non-LA)
	Non-Profit Org		For-Profit	t Org		Foundation
	Federal Government		Foreign E	Entity		Other:
Org	ganization classification (if applicat	ole):				
	Large Business					Small Business
	Historically Black College / Univer	sity				Small Disadvantaged Business
	Historically Underutilized Busines	s Zone				Woman-Owned
	Minority Institution / Owned					Individual
	Tribal					Volunteer Organization
	Veteran-Owned					Other:
	cal year dates (month and year):				<u> </u>	

5.	Name of designated federal cognizant agency, if applicable:
6.	Negotiated Federal Facilities and Administrative rate (F&A):
	☐ Yes ☐ No
	If yes, please attach a copy of your current rate agreement or provide the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2CFR200.414.
7.	Required to comply with OMB Uniform Guidance Subpart F – Single Audit Requirements:
	☐ Yes ☐ No
	Audit Contact Name and Title:
	Address:
	Email:
	Auditee Name Filed Under:
	EIN Filed Under:
	URL of Audit Report:
8.	Has your organization received any audit findings or have any material weaknesses been identified in either of the two preceding fiscal years?
	☐ Yes ☐ No
	If Yes, please provide a copy of or link to your audit report.
9.	Does organization have on-going direct Federal awards? (2CFR200.331)
	☐ Yes ☐ No
	If Yes, do any such federal awards come from the same Federal awarding agency which funds this project?
	☐ Yes ☐ No
	If your organization has no on-going direct federal awards, do you have on-going indirect federal awards (i.e. federally funded subawards)?
	☐ Yes ☐ No
	If Yes, please provide the name of the Federal agency, the prime recipient, project title, subaward period and subaward amount for at least five of these subawards

10.	Do policies and/or procedures exist that	t adc	dress:			
	a. Pay Rates and Benefits?		Yes		No	
	b. Time and Attendance?		Yes		No	
	c. Leave?		Yes		No	
	d. Travel?		Yes		No	
	e. Purchasing?		Yes		No	
	f. Use of Animals/HumanSubjects/Recombinant DNA?		Yes		No	
	g. Conflict of Interest?		Yes		No	
	h. Export Control?		Yes		No	
11.	The organization certifies that its finance principles and:	cial sy	ystem is in accordanc	e wit	th generally accepted accounting	
	Has the capability to identify, in its accounder which they were received,	unts,	all federal awards rec	ceive	d and expended and the federal programs	
	Maintains internal controls to assure that it is managing federal awards in compliance with applicable laws, regulations, and the provisions of contracts or grants,					
	Complies with applicable laws and regul	ation	ıs,			
	Can prepare appropriate financial states	nents	s, include the schedule	e of e	expenditures of federal awards,	
	There are no outstanding audit findings the report that describes the finding and				sts. If there are findings, submit a copy of ne finding.	
12.	Does Subrecipient's scope of work invo	lve re	egulatory compliance	cons	siderations (e.g. IRB, IACUC, Export	
	Yes No)				
	If yes, please explain:					
13.	Describe the method by which labor an	d frir	nge benefits are asses	ssed	on sponsored projects	
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14.	Is Government property inventory maintained that id number, location, and ultimate disposition data?	entifies purchase date, cost, vendor, description, serial		
	Yes No			
15.	15. 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:			
16.	Federal Funding Accountability and Transparency Act	(FFATA) Information:		
The names and total compensation of the five most compensated officers of the entity must be listed if the entity in the preceding fiscal year received:				
 80 percent or more of its annual gross revenues in federal awards (federal contract and subcontracts, loans, grants and subgrants, and cooperative agreements; AND \$25,000,000 or more in annual gross revenues from Federal awards; AND The public does not have access to information about the compensation of the senior executives or the entity through periodic reports filed under section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15 U.S.C. 78o(d) or section 6104 of the Internal Revenue Code of 1986. 				
Check if subaward is exempt from reporting executive compensation. If not exempt, please complete the information below.				
Offic	er 1 Name:	Compensation:		
Offic	er 2 Name:	Compensation:		
Offic	er 3 Name:	Compensation:		
Officer 4 Name: Compensation:		Compensation:		
Offic	Officer 5 Name: Compensation:			
17.	Certification Regarding Lobbying:			
	The organization certifies that:			
	No federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.			
	If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee in connection with Federal funding, the Subrecipient shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," to the Pass-through Entity.			
NOTE: Answer the remaining questions below only if answer to questions 6 or 7 is "No"				
18.	Has organization in the preceding fiscal year expende awards?	d any federal funds in either direct or indirect Federal		
	Yes No If Yes, please indicate the expenditure amount:			

19.	Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most current fiscal year.			
	☐ Yes ☐ No			
20.	Does organization adhere to Subpart E - Cost Principles of 2CFR200 under the proposed subaward?			
	☐ Yes ☐ No ☐ N/A			
21.	Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?			
	☐ Yes ☐ No			
22.	Does the financial system provide for the control and accountability of project funds, property, and other assets?			
	☐ Yes ☐ No			
Prop	osal Document Checklist:			
The	following documents have been submitted:			
	Statement of Work (Required) Subrecipient Profile Questionnaire (Required)			
I	Budget & Budget Justification (Required) Biosketches			
	Approved F&A Rate Agreement (Required) Other support documents of all key personnel			
	Approved Fringe Rate Agreement (Required) Other:			
Authorized Organizational Official:				
The information, certification, 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 these policies. Any work begun and/or expenses incurred prior to the execution of a subaward agreement are at the subrecipient's own risk.				
Nam	e:			
Title				
Signa	ature:			
Date	:			