

SUBRECIPIENT PROFILE

1. Please provide the Subrecipient's business Name: _____
EIN/DUNS Number: _____ and classification: _____

(Classification example: Large business, Small business, Small disadvantaged business, Women-owned, Individual, Veteran-owned, Historically Underutilized Business Zone, Historically Black College/University, Minority owned, Tribal, Government entity)

2. What is the Subrecipient's fiscal year? from: _____ to: _____

3. Does the Subrecipient have a designated Federal cognizant audit agency?
 Yes No If yes, please provide the name of the agency: _____

4. Does the Subrecipient have a negotiated Federal facilities and administrative rate (IDC)?
 Yes No If yes, please attach a copy of current rate agreement.
If no, please provide the documentation to substantiate the proposed rate (i.e., breakdown of rate components).

5. Is the Subrecipient required to comply with OMB Circular A133?
 Yes No If yes, please send a written notification that Subrecipient is in compliance and a copy of the same report.

6. Does the Subrecipient have annual financial statements that have been audited by an independent audit firm?
 Yes No

7. Will the Subrecipient adhere to CASB regulations under the proposed subcontract (FAR Part 30)?
 Yes No

8. Does the Subrecipient's financial management system provide for the control and accountability of project funds, property, indirect and direct costs?

Yes No

If 'No' then describe the method recording direct and indirect costs:

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

Yes No Pay Rates and Benefits

- Yes No Time and Attendance
- Yes No Leave
- Yes No Affirmative Action
- Yes No Equal Opportunity
- Yes No Conflict of Interest

10. Does the Subrecipient have a formal written travel policy?

- Yes No

11. Does the Subrecipient have formal written procurement procedures?

- Yes No

12. 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

Please provide the name and title of the appropriate individual who is able to certify to the accuracy of this completed questionnaire.

Name _____
 Title _____
 Date _____

Penalties and Remedies: Anyone who misrepresents any aspects of the status of a concern in this Profile Shall:

- (A) Be punished by imposition of a fine, imprisonment, or both;**
- (B) Be subject to administrative remedies, including suspension and debarment; and**
- (C) Be ineligible for participation in programs conducted under the authority of the Small Business Act.**

INSTITUTION / ORGANIZATION CONTACT INFORMATION

NAME (Legal Entity):

ADDRESS:

CITY:

STATE:

ZIP CODE +4:

CONTRACTS/GRANTS OFFICIAL

Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

ADMINISTRATIVE CONTACT

Name:

Address:

City:

State:

Zip Code:

Telephone:

E-mail:

TECHNICAL/PRINCIPAL INVESTIGATOR

Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

OFFICIAL NOTICES CONTACT

Name:

Address:

City:

State:

Zip Code:

Telephone:

E-mail:

BILLING CONTACT

Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

FINANCIAL CONTACT

Name:

Address:

City:

State:

Zip Code:

Telephone:

E-mail:

AUTHORIZED OFFICIAL

Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

AUDIT CONTACT

Name:

Address:

City:

State:

Zip Code:

Telephone:

E-mail: