



New Subrecipient Questionnaire

Accepting an award from the University of North Dakota (UND) creates a legal duty for the subrecipient to use the fund according to the award agreement and applicable United States federal regulations. The purpose of this questionnaire is to provide UND with information needed to assess the adequacy of the financial and accounting systems of your organization to ensure accountability of the subaward issued.

INSTRUCTIONS

Please answer all the questions below as completely as possible, using extra pages if necessary. The completed, signed questionnaire and all relevant attachments should be sent to:

Name: _____

Department: _____

Email Address: _____

All questions about this form should be directed to lauren.pite@und.edu.

SECTION A – GENERAL ORGANIZATIONAL INFORMATION

1) Name of subrecipient: _____

2) Address (including country): _____

3) EIN or Tax ID: _____

4) Unique Entity Identifier from SAM.gov: _____

5) Please check the box that best describes your organization:

- ☐ Domestic/U.S. nonprofit organization
- ☐ Domestic/U.S. for profit organization
- ☐ Domestic/U.S. governmental organization
- ☐ Foreign/Non-U.S. nonprofit organization

If box above is check, is your organization tax exempt?

- ☐ Yes
- ☐ No

- ☐ Foreign/Non-U.S. for profit organization
- ☐ Foreign/Non-U.S. governmental organization
- ☐ Other (please explain): _____

6) Organizational Website: _____

7) Please provide the name, title and email address of contact if there are questions about information on this questionnaire.

Name: _____

Title: _____

Email Address: _____

8) Does your organization have a financial conflict of interest policy?

☐ Yes

☐ No

If no, is your organization planning on utilizing the model FDP (Federal Demonstration Partnership) policy on financial conflict of interest? _____

9) Does your organization have an Indirect Cost/Facilities & Administrative rate that has been approved by a U.S. Federal agency?

☐ Yes

☐ No

If yes, please provide a copy of the letter from the U.S. Federal agency approving the rate.

10) Does your organization have a Fringe Benefit rate that has been approved by a U.S. Federal agency?

☐ Yes

☐ No

If yes, please provide a copy of the letter from the U.S. Federal agency approving the rate.

11) Does your organization file an annual Single Audit with the Federal Audit Clearinghouse (FAC) in accordance with the Uniform Guidance (2CFR 200, Subpart F)?

☐ Yes

☐ No

If yes, what is the name under which the report is filed in the FAC?

If you answered Yes to Question 11 above and are a **domestic nonprofit or governmental** organization, **please sign and date Section F** of the form and submit back to UND along with the link to or copies of your organization's last two years' Single Audit reports and all relevant attachments.

☐ Link: _____

☐ Enclosed

If you answered No to Question 11 above, please continue answering the rest of the questions in **Section B – E** below and **sign and date Section F** of the form and submit back to UND along with all relevant attachments.

Section B – Financial Information

1) Fiscal year start and end date (Month/Day): _____ - _____
MM/DD MM/DD

2) Does your organization have annual Audited Financial Statements?

☐ Yes

☐ No

If yes, please submit a copy of your organization's report for its most recent fiscal year. If no, please provide internal balance sheet and revenue/expense statement.

3) Subrecipient HAS ____/HAS NOT ____ (check one) expended at least \$750,000 in cost reimbursable prime awards or subawards from all U.S. government sources in its previously completed fiscal year.

4) Please provide the amount (in USD\$) and source of U.S. government funds your organization expended in its most recent fiscal year.

Most recent fiscal year: _____

Source of U.S. Government Funding	Amount of Expense in USD\$

5) Did your organization have an audit of its U.S. government funded projects in your most recent fiscal year?

☐ Yes

☐ No

If yes, please submit a copy of the audit report.

6) Are there any reasons (local conditions, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization?

☐ Yes

☐ No

If yes, please explain: _____

7) Are your financial reports prepared on a cash basis or an accrual basis?

☐ Cash

☐ Accrual

☐ Other (please explain): _____

8) Can your accounting records separate the receipts and payments of a UND award from receipts and payments of your organization's other activities?

☐ Yes

☐ No

9) Can your accounting system record expenditures on the UND award according to budget categories such as salaries, supplies, travel and equipment?

☐ Yes

☐ No

10) Do you keep invoices, vouchers and timesheets for all payments made from U.S. government funds for a minimum of 3 years after the date of the receipt of the final invoice payment?

☐ Yes

☐ No

11) Will any cash from UND grant funds be kept outside the bank account (e.g. petty cash funds)?

☐ Yes

☐ No

If yes, please provide the amount of funds to be kept and the name and position/title of the person responsible for safeguarding cash.

Amount (in USD\$): _____

Name: _____

Title: _____

12) Please provide banking information below:

Name of Bank: _____

U.S. or international bank?

☐ U.S.

☐ International

Are bank deposits insured?

- ☐ Yes
☐ No

Section C – Internal Control Information

1) Does your organization have written accounting policies and procedures?

- ☐ Yes
☐ No

If yes, please provide a copy. If no, please provide a description below of how transactions are recorded, cash disbursements are made, and account system is managed.

2) Are timesheets kept for each paid employee or is there another system to document employees' effort spent on U.S. government funded projects?

- ☐ Yes
☐ No

If no, please explain: _____

3) Is each employee's salary stated in an employment letter or contract?

- ☐ Yes
☐ No

4) Does your organization have an inventorying system for equipment including data for property that identifies purchase date, cost, vendor, description, serial number, locations and ultimate disposition?

- ☐ Yes
☐ No

5) How often do you compare inventory records to actual equipment?

- 6) Does your organization have a purchasing/procurement policy creating standards in the procurement of supplies and other expandable property, equipment, real property and other services?

☐ Yes
☐ No

- 7) Does your organization have a written travel policy outlining expectations and standards for expending project funds for travel and documenting travel expenditures?

☐ Yes
☐ No

Section D – Subrecipient Information

- 1) Is your organization passing through funding to any other organization as a subrecipient?

☐ Yes
☐ No

If yes, please provide a copy of your subrecipient monitoring policies and procedures or an explanation of how you will ensure programmatic and fiscal compliance for these organizations.

- 2) Are there any circumstances which may keep your organization from monitoring your subrecipients' financial and project activities (for example, communication difficulties, lack of personnel, unfamiliarity with UND award requirements, etc.)?

☐ Yes
☐ No
☐ N/A – our organization is not providing subrecipient funds to other organizations

- 3) Are your subrecipients responsible for preparing reports (both financial and programmatic) of their award activities?

☐ Yes
☐ No
☐ N/A – our organization is not providing subrecipient funds to other organizations

Section E – Additional Information

- 1) In what year was your organization established? _____

2) Please list the names of the following executive officers of your organizations.

President/Director: _____

Chief Financial Officer: _____

3) Please provide the number of employees in your organization.

Full-Time Employees: _____

Part-Time Employees: _____

Section F – Certification

By signing this form:

- ☐ I certify under penalty of perjury that the foregoing is true and correct.
- ☐ I certify that neither this organization nor any of its employees or agents performing any service for this project are presently debarred, suspended, proposed for debarment, or declared ineligible from receiving funds from the United States government.

Name: _____

Title: _____

Email Address: _____

Signature: _____ Date: _____