University of Puerto Rico

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 subrecipients. The questionnaire can be completed by the subrecipient or by the UPR responsible office before an agreement is made with the subrecipient. Questions may be omitted or added to obtain information most useful for developing a monitoring plan.

Fill out the information below, as appropriate or verify the information below and make corrections or additions as needed.

1. Complete address and con	tact information:			
Name:				
Address:				
City:				
State:				
Zip Code:				
Phone:				
Fax:				
Email:				
URL:				
2. Company Information:				
Incorporated in:				
Incorporated Date:				
Number of Employees:				
EIN				
(Employee ID Number):				
DUNS Number:				
Register on PR GSA?*	Yes	No		
*Puerto Rico General Service	Administration			
3. Type of organization (chec				
[] Federal Government	[] Higher Education Institution			
[] State Agencies	[] Non-Profit Organization			
[] Municipalities	[] Corporation / Private			
[] Foreign Government	[] Foundation			

5. Organization classification: (Select all that apply)				
[] Community College [] Large Business				
[] Research Intensive [] Small Business				
[] Minority Institution [] Woman-Owned				
[] Tribal [] Volunteer Organization				
[] Veteran-Owned [] Small Disadvantaged Business				
[] Other:				
4. Fiscal year (month and day):				
Month Day				
Start on: /				
End on: /				
6. Name of designated federal cognizant agency, if applicable:				
7. Negotiated Federal Facilities and Administrative rate (Indirect Cost Rate):				
Yes No				
If yes, please attach a copy of your current rate agreement or provide the URL. If not, please				
provide the documentation to substantiate the proposed rate (i.e., breakdown of rate				
components).				
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8. Required to comply with the 2 cfr 200, Subpart F-Audit Requirements:				
Yes* No				
* If Yes, please provide a copy or link				
Audit Contact Name and Title:				
Auditee Name Filed Under:				
(exact legal name under which your audit report is filed in the Federal Audit Clearinghouse				
Internet site at http://harvester.census.gov/sac/)				
EIN (Employer ID Number) Filed Under:				
Address:				
Email:				
9. Have annual financial statements been audited by an independent audit firm? If yes, provide an electronic copy of the statements for the most current fiscal year.				
Yes No				
10. Does the organization have a financial management system that provides records that can				
identify the source and application of funds for award-supported activities?				
Yes No				
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11. Does the financial system provide for the control and accountability of project funds, property, and other assets?			
Yes No			
12. Do policies exist that address:			
Pay rates and Benefits?	[] Yes	[] No	
Time and Effort?	[] Yes	[] No	
Leave or absence?	[] Yes	[] No	
Discrimination?	[] Yes	[] No	
Conflicts of Interest in Research?	[] Yes	[] No	
Travel?	[] Yes	[] No	
Purchasing?	[] Yes	[] No	
13. Contact information:			
a. Contact for Fiscal Information:			
Name:			
Title:			
Email:			
Signature:			
Date:			
b. Contact for Scientific Information	n:		
Name:			
Title:			
Email:			
Signature:			
Date:			