**Subrecipient Profile**

Legal Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code + 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EIN \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS **Number: *(Required)***

**New Federal reporting requirements mandate that all Subrecipients have a DUNS number. To register for DUNS, go to** [**https://eupdate.dnb.com/requestoptions.asp?cm\_re=HomepageB\*TopNav\*DUNSNumberTab**](https://eupdate.dnb.com/requestoptions.asp?cm_re=HomepageB*TopNav*DUNSNumberTab)

Do you have a parent organization: □ Yes □ No **DUNS Number: *(Required)***

Institution Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(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)*

Fiscal Year from: \_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_ Registered in CCR? □ Yes □ No (***Required)***

**Due to Federal reporting requirements, UIUC requires that all Subrecipients be registered in CCR. To register in CCR, go to** <https://www.bpn.gov/ccr/default.aspx>.

Congressional District \_\_\_\_\_\_ (***Required)***

3. Do you have a designated Federal cognizant audit agency?

□ Yes □ No If yes, please provide the name of the agency:

4. Do you have a negotiated Federal facilities and administrative rate (IDC)?

□ Yes □ No ***If yes, please attach a copy of current rate agreement***.

**4a. Please provide the documentation to substantiate the proposed rate (i.e., breakdown of rate components).**

 **4b**. **If rate agreement is considered proprietary do you certify that rates applied during the life of this agreement will not exceed the current negotiated rate?** □Yes □No

5. Are you required to comply with OMB Circular A133?

□ Yes □ No If yes, please **provide the website link or attach a copy.**

If no, please continue.

6. Are there annual financial statements that have been audited by an independent audit firm?

□ Yes □ No ***If yes, please send a written notification that your organization is in compliance.***

If no, please continue.

7. Do you adhere to CASB (Cost Accounting Standards Board) regulations under the proposed subcontract (FAR Part 30)?

□ Yes □ No

8. Do you have a financial management system that provides records that can identify the source and application of funds for award supported activities?

□ Yes □ No

9. Do you have a financial management system that provides for the control and accountability of project funds, property, and other assets?

□ Yes □ No

10. Is there 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 Discrimination

□ Yes □ No Conflict of Interest

 Describe the method that is used to support labor and benefit charges:

11. Is there a formal written travel policy?

□ Yes □ No

12. Do you have a formal written purchasing procedure?

 □ Yes □ No

13. Do you 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