**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:** <http://fedgov.dnb.com/webform/displayHomePage.do;jsessionid=81407B1F03F2BDB123DD47D19158B75F>

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 SAM? □ Yes □ No (***Required)***

**Due to Federal reporting requirements, UIUC requires that all Subrecipients be registered within the System of Award Management (SAM). To register an entity within SAM, go to** [**www.sam.gov**](http://www.sam.gov)**.**

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 indirect facilities & administrative rate (2 CFR §200.56)?

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

If no, please provide the following:

**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 the audit requirements of Part 200, Subpart F of Uniform Guidance?

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

If no, please continue with Question #6.

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 complete the remaining questions.

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