

# LSU Foreign Subrecipient Profile Questionnaire

**How to use:** 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 foreign subrecipients. The questionnaire must be completed and signed by the subrecipient prior to the issuance of a subaward.

## Section A: LSU Proposal Information

LSU Proposal Number:

Name of LSU PI:

LSU PI Cost Center:

Prime Sponsor:

Project Title:

## Section B: Subrecipient Eligibility

Is your organization or your organization's principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any United States federal department or agency?

Yes  No

If yes, please skip the rest of the questionnaire, sign and return the questionnaire to [subs@lsu.edu](mailto:subs@lsu.edu).

## Section C: Subrecipient Determination

Is your organization properly categorized as a subrecipient in accordance with 2CFR200.330?

Yes  No

## Section D: Subrecipient Organization General Information

Please fill out the information below, as appropriate.

### 1. Complete Address and Contact Information:

Name of Your Organization:

Address:

Phone:

Fax:

URL:

Contact Name and Email:

Incorporated in:

Incorporated Date:

\*DUNS Number:

Reg. in \*SAM? Yes  No

*A subaward cannot be issued unless your organization has a valid DUNS number and a current SAM registration.*

Expiration Date of Current registration: \_\_\_\_\_

\*DUNS stands for Data Universal Number System. (<http://www.dnb.com/duns-number.html>)

\*SAM stands for System for Award Management. (<http://www.sam.gov>)

<b>2. Type of organization (check all that apply):</b>		
<input type="checkbox"/> University	<input type="checkbox"/> For-Profit Org	<input type="checkbox"/> Government
<input type="checkbox"/> Non-Profit Org	<input type="checkbox"/> Other: _____	
<b>3. Fiscal year dates (date/month):</b>		
<b>4. Other Organizational Information:</b>		
Is your organization incorporated or legally registered within the country of operations? If no, please explain. If yes, please supply a copy of registration certificate with this questionnaire.	YES	NO
Does organization have other sources of U.S. Government funds (such as U.S. Agency for International Development or National Institutes of Health)? If yes, please provide the name of the US Federal agency, the grant period, and the amount of funds.	YES	NO
Are timesheets kept for each paid employee?	YES	NO
Is each employee's salary stated in an employment letter or contract?	YES	NO
How often are equipment audits performed?		
Does organization have written accounting policies and procedures? If yes, please provide a copy. If no, please explain how transactions are recorded, cash disbursements are made, and account system is managed.	YES	NO
Are financial reports prepared on a cash basis or accrual basis? If other, please specify.	YES	NO
Do accounting records separate the receipts and payments of an award from the receipts and payments of other activities?	YES	NO
Do accounting records record award expenditures according to budget categories such as salaries, supplies, travel, and equipment? If no, please explain.	YES	NO
Are invoices, vouchers, and timesheets for all payments made from award funds maintain? If there are circumstances where these documents cannot be, or will not be, obtained, please explain.	YES	NO

Will any cash from award funds be kept outside the bank account (in petty cash funds, etc.)? If yes, please explain the amount of funds to be kept and the name and position/title of the person responsible for safeguarding cash.	YES	NO
Does your organization have a Facility and Administrative rate (F&A) negotiated with the U.S. government. If yes, please attach a copy of your current rate agreement or provide the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2CFR200.414.	YES	NO
Does the project to be funded by the subaward from LSU involves the use of Animals/Human Subjects/Recombinant DNA? If yes, please attach a copy of the relevant policy, or the URL.	YES	NO
Does your organization have conflict of interest (COI) policy that meets the requirement of the U.S. prime funding agency (e.g. NIH, NSF)? ( check if COI is not required by the U.S. prime funding agency)	YES	NO
Please provide the banking and/or Wire Transfer/ACH Transfer Information Below:		
<b>Section E: Audits – Subrecipients who have current audit reports, which have been performed by an independent auditor, do not have to complete Section F and instead may enclose the last two year’s audit report.</b> If your organization does not have audited financial statements, please submit a copy of your organization’s Balance Sheet and Revenue and Expense Statement for the current fiscal year. LSU may require an audit of the subrecipient’s accounting records. A review of accounting records by an independent accountant/firm is performed to assess whether the financial information is correct and free of material misstatements.		
Are there any reasons (local conditions, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit? If yes, please explain.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Section F: Additional Comments &amp; Special Considerations (if any)</b>		
<b>Authorized Organizational Official:</b>		
Name: _____ Title: _____ Signature: _____ Date: _____		