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| **Section A:** | **Complete address and contact information:**  |
|  | Name of Your Organization: Louisiana State University Health Sciences Center – New OrleansAddress: (Insert Department Address)Phone: (Insert Department Phone)Email: (Insert Department Email)Incorporated in: N/A; not a corporationNumber of Employees: 6,058DUNS Number: 782627814Reg. in SAM? Yes[x]  No[ ]  **Please provide documentation of registration.** (documentation appears as last page of this document)  | Fax: (Insert Department Fax)URL: <http://www.lsuhsc.edu/>Incorporated Date: Established in 1931Congressional District: LA-002EIN: 72-6087770Expiration Date of Current registration: 08/28/2019 |
| **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 federal department or agency?  Yes[ ]  No[x]  If yes, please skip the rest of the questionnaire, sign and return the questionnaire to nosponproj@lsuhsc.edu.  |
| **Section C: Subrecipient Determination** |
| Is your organization properly categorized as a subrecipient in accordance with 2CFR200.330?Yes[x]  No[ ]   |
| **Section D: Subrecipient Organization Information** |
| Please fill out the information below, as appropriate. |

 **Domestic 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 domestic subrecipients. The questionnaire must be completed and signed by the subrecipient prior to the issuance of a subaward. See link for additional information to OMB Uniform Guidance.  [Link to Uniform Guidance](http://www.ecfr.gov/cgi-bin/text-idx?SID=6214841a79953f26c5c230d72d6b70a1&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

<http://www.ecfr.gov/cgi-bin/text-idx?SID=6214841a79953f26c5c230d72d6b70a1&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl>

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| **1.** | **Type of organization (check all that apply):**  |
|  | [X] University  | [X] Louisiana State | [ ] Other State (non-LA) |
|  | [ ] Non-Profit Org | [ ] For-Profit Org | [ ] Foundation |
|  | [ ] Federal Government | [ ] Foreign Entity | [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **2.** | **Organization classification (if applicable):**  |
|  | [ ] Large Business |  | [ ] Small Business |
|  | [ ] Historically Underutilized Business Zone | [ ] Woman-Owned |
|  | [ ] Minority Institution / Owned | [ ] Individual |
|  | [ ] Tribal | [ ] Volunteer Organization |
|  | [ ] Veteran-Owned | [X] Other: Public/State-Controlled Institution of Higher Education |
| **3.** | **Fiscal year dates (month and year):** |
|  | July (insert year) – June (insert year) |
| **4.** | **Name of designated federal cognizant agency, if applicable:**  |
| Department of Health and Human Services |
| **5.** | **Negotiated Federal Facilities and Administrative rate (F&A):** |
|  | [X ] Yes | [ ] No |  |
|  | 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. <https://www.lsuhsc.edu/administration/accounting/docs/LSUHSC-NO%20Fringe%20Benefit%20Rate%20Agreement%20FY2018.pdf>  |
| **6.** | **Required to comply with OMB Uniform Guidance Subpart F – Audit Requirements:** |
|  | [X ] Yes | [ ] No |  |
|  | Audit Contact Name and Title: Debra Alvarez, Assistant Director Accounting ServicesAddress: 433 Bolivar Street, New Orleans, LA 70112Email: dalva1@lsuhsc.eduAuditee Name Filed Under: Louisiana State University*(exact legal name under which your audit report is filed in the Federal Audit Clearinghouse Internet site at* [*https://harvester.census.gov/facweb/*](https://harvester.census.gov/facweb/))EIN Filed Under: 726087770 |
| **7.**  | **Has your organization received any audit findings or have any material weaknesses been identified in either of the two preceding fiscal years?** |
|  | [ ] Yes [X] NoIf Yes, please provide a copy of or link to your audit report if it is not available through the Federal Audit Clearinghouse. |
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| **8.**  | **Does organization have on-going direct Federal awards? (2CFR200.331) Yes** |
|  | If Yes, do any such federal awards come from the same Federal awarding agency which funds this project? (Department to answer Yes or No on project-by-project basis) [X] Yes [ ] No If your organization has no on-going direct federal awards, do you have on-going indirect federal awards (i.e. federally funded subawards)? Not applicable; we have on-going direct federal awards [ ] Yes [ ] No *If Yes, please provide the name of the Federal agency, the prime recipient, project title, subaward period and subaward amount for at least five of these subawards*. |
| **9.** | **Do policies and/or procedures exist that address:**  |
|  | a. Pay Rates and Benefits? | [X] Yes | [ ] No |
|  | b. Time and Attendance? | [X] Yes | [ ] No |
|  | c. Leave? | [X ] Yes | [ ] No |
|  | d. Travel?e. Purchasingf. Use of Animals/Human Subjects/Recombinant DNA? | [X] Yes [X] Yes[X] Yes | [ ] No[ ] No[ ] No |
|  | g. Conflict of Interest? | [X] Yes | [ ] No |
|  | h. Export Control? | [X] Yes | [ ] No |
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|  | *If yes to any of the above, please attach a copy of the relevant policy, or the URL. Note: Approved DS-2 can be provided in lieu of policies related to a-e above.***a. Pay Rates and Benefits** <http://www.lsuhsc.edu/administration/hrm/docs/LSUHSC%202015%20Comp%20Philosophy_APPROVED.pdf><http://www.lsuhsc.edu/administration/hrm/benefits-about.aspx>**b. Time and Attendance** *and* **c. Leave**<http://www.lsuhsc.edu/administration/pm/pm-20.pdf><http://www.lsuhsc.edu/administration/hrm/leave.aspx>**d. Travel** <http://www.lsuhsc.edu/administration/pm/pm-13.pdf><http://doa.louisiana.gov/osp/travel/travelpolicy/2014-2015travelguide.pdf>**e. Purchasing**<http://www.lsuhsc.edu/administration/SupplyChain/purchasing_policy.aspx> **f. Use of Animals/Human Subjects/Recombinant DNA***Animals*<https://www.lsuhsc.edu/administration/academic/ors/IACUC/secure/docs/IACUC_PolicyProcedures.pdf>*Human Subjects*<http://www.lsuhsc.edu/administration/academic/ors/docs/HRPP_IRB_PP_Guidebook.pdf>*Recombinant DNA*<http://www.lsuhsc.edu/administration/academic/ors/docs/IBC_PolicyProcedures.pdf>**g. Conflict of Interest**<http://www.lsuhsc.edu/administration/cm/cm-35.pdf>**h. Export Control**<http://www.lsuhsc.edu/administration/academic/otm/docs/nsdd_policy.pdf> |
| **10.**  | **Does Subrecipient’s scope of work involve regulatory compliance considerations (e.g. IRB, IACUC, Export Control, etc.)?** (Department to answer Yes or No on project-by-project basis) |
| [X] Yes [ ] No  If yes, please explain: |
| **11.** | **Describe the method by which labor and fringe benefits are assessed on sponsored projects**  |
| Salary is based on percentage of effort. The fringe benefit rates based on the employee’s classification which ranges from .9% to 42%. <http://www.lsuhsc.edu/administration/accounting/fa_fringe.aspx>  |
| **12.** | **Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?**  |
|  | [X] Yes | [ ] No |  |
| **13. Has any new system been recently put in place or has there been any change to the existing system (e.g. accounting, information, management, etc.)? (2CFR200.331)**  |
|  [ ] Yes [X] No If Yes, please explain |
| **NOTE: Answer the remaining questions below only if answer to questions 5 or 6 is “No”** |
| **14.**  | **Has organization in the preceding fiscal year expended any federal funds in either direct or indirect Federal awards?**  |
|  | [X] Yes [ ] NoIf Yes, please indicate the expenditure amount: ~$40,000,000.00  |
| **15.** | **Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most current fiscal year.**  |
|  | [ ] YesLSUHSC-NO is audited by the Louisiana Legislative Auditors: <https://lla.la.gov/reports_data/Audit/Agency/>  | [X] No |  |
| **16**. | **Does organization adhere to Subpart E Cost Principles of 2CFR200?**  |
|  | [X] Yes | [ ] No  | [ ] N/A |
| **17.** | **Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?**  |
|  | [X] Yes | [ ] No |  |
| **18.** | **Does the financial system provide for the control and accountability of project funds, property, and other assets?**  |
|  | [X] Yes | [ ] No |  |
| **Authorized Organizational Official:** |
|  | Name: Joseph M. Moerschbaecher, III, PhDTitle: Vice Chancellor, Academic AffairsSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

