#### SPONSORED PROGRAMS

# **Subrecipient Prequalifying Questionnaire**

Please return completed form as a PDF email attachment to the Outgoing Subaward Administrator who sent the request, with a copy to subaward@bu.edu. Note: All responses and attachments must be in English.

Name of subrecipient organization as registered in System for Award Management (SAM)				
Business a	ddres	S		
Contact per	rson fe	or financial matters		
Telephone number		er Email address		
Year established		Unique Entity Identifier (UEI)		
1) Has your	orgai	nization previously done work with the United States Federal Government?		
Yes	No	"Yes," for how many years has your organization received federal funding (direct or as subrecipient)?		
2) Is your or	rganiz	ation subject to the Uniform Guidance audit (2 CFR Part 200) (Formerly known as the A-133 audit)?		
Yes	No	If "Yes," please complete A-C below.		
		A) Please attach a copy of, or URL link to, the audit report.		
		B) Has your organization had any findings? Yes No		
		C) Has your organization been determined to be a high or low risk auditee? High Low		
		If determined to be a high risk auditee, please explain:		
3) If your or pendent au		ation is not subject to the Uniform Guidance audit, does it have annual financial statements that have been audited by an inde- n?		
Yes	No	If "Yes", please provide a copy of the statements for the most current year. If "No", please explain:		

4) Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a government agency or independent public accountant?

Yes No

If "Yes", please describe the nature of the audits and any findings:

#### 5) Does your organization have a designated Federal cognizant audit agency?

Yes No

If "Yes", please provide the name, address and phone number of the agency:



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6) Does you	ur orga	anization have a negotiated Federal indirect cost/F&A rate?
Yes	No	
		If "Yes", please provide a copy of, or URL link to the agreement

7) Does your organization have a financial management system that provides records that can identify the source and the application of funds for award supported activities?

Yes No

8) Are duties segregated so that no one individual has complete authority over an entire financial transaction?

Yes No

9) Does your organization's financial management provide for the control and accountability of project funds, property and other assets? Yes No

10) Does your organization have formal, written policies that address: Pa

Pay Rates and Benefits	Yes	No
Time and Attendance/Effort Reporting	Yes	No
Leave	Yes	No
Travel	Yes	No
Purchasing	Yes	No

11) Describe the method that your organization uses to support labor and benefit charges:

12) Has your organization been required to cost share<sup>1</sup> on previous Federal or non-Federal awards?

Yes No If Yes, how did your organization monitor the cost share? E.g., segregate accounts, monitoring, reporting, etc.

13) How does your organization ensure that cost transfers (e.g. journal entries, account adjustments, etc.) are legitimate and appropriate? Please explain:

14) Does your organization maintain an inventory for Government property that, at a minimum, identifies purchase date, cost, vendor, description, serial number, location and ultimate disposition data?

Yes No

<sup>1</sup> Cost share is defined as the portion of project costs not paid by the Sponsor.



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### 15) Does your organization have:

A Conflict of Interest Policy?	Yes	No
An Investigator's Conflict of Interest Policy that meets PHS/ NIH or NSF requirements as applicable1?	Yes	No
An approved PHS-OLAW Animal Welfare Assurance <sup>2</sup> ?	Yes	No
AAALAC accreditation for your animal facility <sup>3</sup> ?	Yes	No
USDA registration⁴?	Yes	No
An approved assurance from the HHS-Office for Human Research Protection (OHRP) <sup>5</sup> ?	Yes	No
A registered Institutional Review Board (IRB)?	Yes	No
An Institutional Biosafety Committee <sup>6</sup> ?	Yes	No
CDC Select Agent Registration??	Yes	No

## SIGNATURES

The information, certifications and representations above have been read, signed, and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

Signature	Date
Name (please type or print)	Title (please type or print)
REFERENCES	
1) http://www.nsf.gov/bfa/dias/policy/si/index.jsp http://grants.nih.gov/grants/policy/coi/ 2) http://grants.nih.gov/grants/olaw/olaw.htm	

3) http://www.aaalac.org/

4) http://www.aphis.usda.gov/animal\_welfare

5) http://www.hhs.gov/ohrp/

6) http://osp.od.nih.gov/office-biotechnology-activities/biosafety/institutional-biosafety-committees

7) http://www.selectagents.gov/



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