|  |  |
| --- | --- |
| **I.2 Domestic Subrecipient Profile Questionnaire** |  |

***Instructions:*** *An authorized representative of your organization must complete and sign the following questionnaire and include necessary attachments, as requested.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization Name:** | | Click here to enter text. | | | | | |
| **Physical Address:** | | | | **Telephone Number:** | | Click here to enter text. | |
| **Fax Number:** | | Click here to enter text. | |
| **Website:** | | Click here to enter text. | |
| **Authorized**  **Representative:** | **Name:** | | Click here to enter text. | | **Email Address:** | | Click here to enter text. |
| **Title:** | | Click here to enter text. | | **Telephone #:** | | Click here to enter text. |

|  |
| --- |
| **TYPE OF ORGANIZATION** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Choose One: | | | | | | **Location of incorporation:** | | |  | | | | | |
| ☐ | | | US-owned/operated business. | | | **Date of establishment or incorporation:** | | |  | | | | | |
| ☐ | | | Non-US owned/operated business. | | | **Organization Fiscal Year (month to month):** | | |  | | | | | |
| **Is your organization registered on www.sam.gov?** | | | | | | | | | ☐ | | Yes | | ☐ | No |
| **Affiliations**: Click here to enter text. | | | | | | | | | | | | | | |
| **Organization’s Tax Status** *(choose one)*: | | | | | | | **Employer Identification Number (EIN) Entity Type** *(choose one):* | | | | | | | |
| ☐ | Recognized as a charity, not-for-profit, or non-taxable by a **non-US** country’s tax code | | | | | | ☐ | Sole Proprietor | | ☐ | | Corporation | | |
| ☐ | **Non-US** for-profit/commercial (taxable) | | | | | | ☐ | Partnership | | ☐ | | Personal Service Corporation | | |
| ☐ | Recognized as exempt by IRS as a 501(c)(3) **(US)** | | | | | | ☐ | Limited Liability Company (LLC) | | ☐ | | Church-Controlled Non-Profit Organization | | |
| ☐ | Recognized as tax-exempt under other IRS codes **(US)** | | | | | | ☐ | Other Non-Profit | | ☐ | | Trust | | |
| ☐ | **US** for-profit/commercial (taxable) | | | | | | **Other:**  Do employees receive training on the U.S. Foreign Corrupt Practices Act (FCPA)?  ☐ Yes ☐ No  If yes, please specify the name of the training Click here to enter text.  Is your organization’s work conducted using safe and secure technologies?  ☐ Yes ☒ Usually ☐ Rarely ☐ No  Does your organization retain talent for specialized technology support or maintain in-house technology staff?    ☐ Yes ☐ No  If no, please explain Click here to enter text. | | | | | | | |
|  | **Business Type** *(choose all that apply)* | | | | | |
| ☐ | | Large Business | | ☐ | Small Business | |
| ☐ | | HUB Zone Small Business | | ☐ | Small Disadvantaged Business | |
| ☐ | | Woman-Owned | | ☐ | Woman-Owned Small Business | |
| ☐ | | Veteran-Owned | | ☐ | Service-Disabled Veteran-Owned  ☐ Minority-Owned Business | |
|  | | | | | | |

|  |
| --- |
| **FUNDING AND AUDIT HISTORY** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Has your organization received U.S. Government funding (e.g., Dept of State, USAID, CDC, etc.) before?** | | | | **Does your organization ensure that regular, independently contracted audits are conducted?** | | | | | | | | | |
| ☐ | Yes | ☐ | No | ☐ | Yes | | ☐ | | | No | | | |
| *If “yes”, what was the start and end date of your organization’s latest award from the donor?* | | | | *If “yes”, how often are they conducted (e.g., quarterly, annually, etc.)?*  Click here to enter text. | | | | | | | | | |
| Click here to enter text. | | | | *If “yes”, were there any findings in your last audit?* | | | | | | | | | |
| ☐ | | Yes | | ☐ | No | | | | |
| **Award type from previous years?**  ☐ Cooperative Agreement  ☐ Grant  ☐ Contract/Subcontract | | | | **Did your organization expend US $750,000 more of U.S. Government funding (e.g. Dept of State, USAID, CDC, etc.) during the organization’s previous fiscal year?** (*for U.S. orgs only; fixed price awards are not included in meeting the threshold*).    ☐ Yes ☐ No  **If yes, did your organization complete an A-133 audit?**  ☐ Yes ☐ No  **If yes, were there any findings in the last audit?**  ☐ Yes ☐ No | | | | | | | | | |
| **Has your organization successfully met a cost share commitment as a prime or sub-awardee in the past 3 years?** | | | | | | | | ☐ | | | Yes | ☐ | No |

|  |
| --- |
| **STANDARDS, SYSTEMS, & POLICIES** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Internal Controls** | | | | | | | | | | | | |
| 1. Does your organization have written policies and procedures for: |  | | | | | | | | | | | |
| 1. Procurement | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Property Management | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Human Resources | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Accounting and Finance | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Travel | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Subrecipient Monitoring and Oversight | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Mark “yes” if your organization does not have any new or substantially changed systems. | ☐ | | Yes | | | | ☐ | | | No |  | |
| *If “no”, explain:* | | | |  | | | | | | | |
| 1. Do your organization’s financial controls include segregation of responsibilities so that no single individual has complete authority over an entire transaction? | ☐ | Yes | ☐ | Usually | | | | ☐ | Rarely | | ☐ | No |
| **Accounting and Cash Management** | | | | | | | | | | | | |
| 1. Are your organization’s financial reports prepared on a cash or accrual basis? | ☐ | | Yes | | | ☐ | | | | No |  | |
| *If “yes”, choose one:* | | | | | ☐ | | | | *Cash* | | |
|  | | | | | ☐ | | | | *Accrual* | | |
| 1. As part of its financial management systems, does your organization have the following: | | | | | | | | | | | | |
| 1. General Ledger | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Chart of Accounts | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Cash Disbursement Ledger | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Computerized Accounting System | ☐ | | Yes | | | | ☐ | | | No |  | |
| If “yes”, specify name of software: | | | | | | Click here to enter text. | | | | | |
| 1. Can your accounting system produce the following financial reports: |  | | | | | | | | | | | |
| 1. Income statement | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Balance Sheet | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Accounts payable and receivable | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. List of fixed assets | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Does your organization’s accounting system have the capacity to: |  | | | | | | | | | | | |
| 1. Track payments and expenditures from various donor sources and project activities? | ☐ | | Yes | | | | ☐ | | | No |  | |
| 1. Summarize expenditures from the potential sub-award from The Aspen Institute according to budget line items such as salaries, supplies, travel, etc.? | ☐ | | Yes | | | | ☐ | | | No |  | |
| **Human Resources** | | | | | | | | | | | | |
| 1. Does your organization have written job descriptions? | ☐ | Yes | ☐ | Usually | | | | ☐ | Rarely | | ☐ | No |
| 1. Does your organization have written employee letters or contracts which include the employee’s salary? | ☐ | Yes | ☐ | Usually | | | | ☐ | Rarely | | ☐ | No |
| 1. Does your organization have timesheets or other attendance records kept for each paid employee that document actual hours worked? | ☐ | Yes | ☐ | Usually | | | | ☐ | Rarely | | ☐ | No |
| 1. Does your organization have a payroll system that regularly disperses pay to employees? | ☐ | | Yes | | | | | ☐ | | No |  | |
| 1. Mark “yes” if your organization does not have any new personnel in leadership and management positions. | ☐ | | Yes | | | | | ☐ | | No |  | |
| *If “no”, explain:* | | | | | Click here to enter text. | | | | | | |

|  |
| --- |
| **ATTACHMENTS – please upload attachments to aspen.fluidreview.com** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attach the following documents to this questionnaire, as applicable.** | **Attached to Questionnaire?** | | | | | |
| Audits or report of financial statements for the last three fiscal years | ☐ | Yes | ☐ | No | ☐ | N/A |
| Supporting documentation for indirect cost rate (NICRA -if any) | ☐ | Yes | ☐ | No | ☐ | N/A |
| Evidence of tax status | ☐ | Yes | ☐ | No |  |  |
| Small Business Administration certification *(US orgs only, if applicable)* | ☐ | Yes | ☐ | No | ☐ | N/A |
| Last Annual Report | ☐ | Yes | ☐ | No | ☐ | N/A |

|  |
| --- |
| **CERTIFICATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| *As an authorized representative, I certify that the information included in and attached to this questionnaire is true, accurate, and complete. I understand that false or intentionally misleading certification may result in actions up to and including, but not limited to, termination of the resulting sub-award and disclosure of any instances of misrepresentation or falsification to the donor. I further understand that The Aspen Institute reserves the right to request further documentation and/or inspect the organization’s financial records and books, procedures, or other documents related to the resulting sub-award and its administration.* | | | |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |