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| **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.*

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| **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. |

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| **TYPE OF ORGANIZATION** |

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| 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 ☐ NoIf 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 ☐ NoDoes your organization retain talent for specialized technology support or maintain in-house technology staff?  ☐ Yes ☐ NoIf 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 |
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| **FUNDING AND AUDIT HISTORY** |

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| **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 |

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

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| **Internal Controls** |
| 1. Does your organization have written policies and procedures for:
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| 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:
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| 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:
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| 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:
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| 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. |

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

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| **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 |

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| **CERTIFICATION** |

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| *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: |   |