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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 code **(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 name of 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 | |
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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 you 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: |  | | | | | | | | | | | |
| 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. Does 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. | | | | | | |

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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: |  |