

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:			
Physical Address:		Telephone Number:	
		Fax Number:	
		Website:	
Authorized Representative:	Name:	Email Address:	
	Title:	Telephone #:	

TYPE OF ORGANIZATION

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

FUNDING AND AUDIT HISTORY

<p>Has your organization received U.S. Government funding (e.g. Dept of State, USAID, CDC, etc.) before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "yes", what was the start and end date of your organization's latest award from the donor?</i></p> <p>Click here to enter text.</p>	<p>Does your organization ensure that regular, independently-contracted audits are conducted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "yes", how often are they conducted (e.g. quarterly, annually, etc.)?</i></p> <p><i>If "yes", were there any findings in your last audit?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Award type from previous years?</p> <p><input type="checkbox"/> Cooperative Agreement</p> <p><input type="checkbox"/> Grant</p> <p><input type="checkbox"/> Contract/Subcontract</p>	<p>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).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, did you organization complete an A-133 audit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were there any findings in the last audit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has your organization successfully met a cost share commitment as a prime or sub-awardee in the past 3 years?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

STANDARDS, SYSTEMS, & POLICIES

Internal Controls	
1. Does your organization have written policies and procedures for:	
a) Procurement	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Property Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Human Resources	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Accounting and Finance	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Travel	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Mark "yes" if your organization does not have any new or substantially changed systems.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your organization's financial controls include segregation of responsibilities so that no single individual has complete authority over an entire transaction?	<i>If "no", explain:</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> Usually <input type="checkbox"/> Rarely <input type="checkbox"/> No
Accounting and Cash Management	
1. Are your organization's financial reports prepared on a cash or accrual basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If "yes", choose one:</i>
	<input type="checkbox"/> Cash
	<input type="checkbox"/> Accrual
2. As part of its financial management systems, does your organization have the following:	
a) General Ledger	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Chart of Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Cash Disbursement Ledger	<input type="checkbox"/> Yes <input type="checkbox"/> No

d) Computerized Accounting System	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "yes", specify name of software:				
3. Can your accounting system produce the following financial reports:				
a) Income statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b) Balance Sheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
c) Accounts payable and receivable	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
d) List of fixed assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Does your organization's accounting system have the capacity to:				
a) Track payments and expenditures from various donor sources and project activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b) Summarize expenditures from the potential sub-award from The Aspen Institute according to budget line items such as salaries, supplies, travel, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Human Resources				
1. Does your organization have written job descriptions?	<input type="checkbox"/> Yes	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
2. Does your organization have written employee letters or contracts which include the employee's salary?	<input type="checkbox"/> Yes	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
3. Does your organization have timesheets or other attendance records kept for each paid employee that document actual hours worked?	<input type="checkbox"/> Yes	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
4. Does your organization have a payroll system that regularly disperses pay to employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5. Mark "yes" if your organization does not have any new personnel in leadership and management positions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "no", explain:				

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	N/A
Supporting documentation for indirect cost rate (NICRA -if any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	N/A
Evidence of tax status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	N/A
Small Business Administration certification (US orgs only, if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	N/A
Last Annual Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	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: _____