Initial Award Stage Monitoring

|  |  |
| --- | --- |
|  | **Award Description** |
|  | Title: Primary Sponsor:Award No.:Bates PI/PD:Human Subjects? [ ] Vertebrate Animals? [ ] Recombinant DNA? [ ]  |  |
|  | Amount of subaward: |  |

Fill out the information below, as appropriate or verify the information below and make corrections or additions as needed.

# Domestic Subrecipient Profile Questionnaire

Award Description section to be completed by the Bates College Office of Sponsored Programs and Research Compliance. Subsequent sections to be completed by an authorized representative of the subrecipient organization. Information gathered to be used to determine a subrecipient monitoring plan to be agreed upon by the PI/PD, Office of Sponsored Programs and Research Compliance, and the Accounting Department.

|  |  |
| --- | --- |
| **1.** | **Complete address and contact information:** |
|  | Name:Address:Phone:Email:Incorporated in:Number of Employees:DUNS Number: | Fax:URL:Year Established:Congressional District:EIN (Employee ID Number):  |
|  |  | Reg. in System for Award Management (SAM)? Yes[ ]  No[ ]  Date last updated: \_\_\_\_\_\_  |
| **2.** | **Type of organization (check one):**  |
|  | [ ] Federal Government | [ ] Individual | [ ] State |
|  | [ ] Local Government | [ ] Corporation | [ ] Foreign Government |
|  | [ ] Non-Profit Org | [ ] College or University | [ ] Foundation |
| **3.** | **Organization classification (Check all applicable):** |
|  | [ ] Large Business |  | [ ] Small Business |
|  | [ ] Historically Black College / University | [ ] Small Disadvantaged Business |
|  | [ ] Historically Underutilized Business Zone | [ ] Woman-Owned |
|  | [ ] Minority Institution / Owned | [ ] Individual |
|  | [ ] Tribal | [ ] Volunteer Organization |
|  | [ ] Veteran-Owned | [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4.** | **Fiscal year dates (month and year):** |
|  |  |
| **5.** | **Name of designated federal cognizant agency, if applicable:**  |
|  |  |  |  |
| **6.** | **Negotiated Federal Facilities and Administrative rate (Indirect Costs):** |
|  | [ ] Yes | [ ] No |  |
|  | If yes, please attach a copy of your current rate agreement or provide the URL. If no, please select one of the following:[ ] We request the *de minimis* indirect cost rate of 10% of Modified Total Direct Costs as specified in 2 CFR 200.331[ ] We do not request indirect costs. All costs under this subaward will be directly allocable to the project under the provisions of 2 CFR 200 applicable to our type of organization. |
| **7.** | **Required to comply with OMB Uniform Guidance Subpart F – Audit Requirements:** |
|  | [ ] Yes | [ ] No |  |
|  | Audit Contact Name and Title: Auditee Name Filed Under:*(exact legal name under which your audit report is filed in the Federal Audit Clearinghouse Internet site at* [*http://harvester.census.gov/sac/*](http://harvester.census.gov/sac/))EIN (Employer ID Number) Filed Under:Address:Email:  |
| **NOTE: answer questions 8-15 only if answer to questions 6 or 7 is “No”** |
| **8.** | **Does organization have previous experience managing awards from the primary sponsor? If yes, please list up to 3 most recent such awards.** |
|  | [ ] Yes | [ ] No |  |
| **9.** | **Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most current fiscal year.**  |
|  | [ ] Yes | [ ] No |  |
| **10**. | **Does organization adhere to CASB (Cost Accounting Standards Board) regulations under the proposed subcontract (FAR Part 30)?(**Refer to http://www.arnet.gov/far/current/html/Subpart\_30\_1.html) |
|  | [ ] Yes | [ ] No  | [ ] N/A |
| **11.** | **Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?** |
|  | [ ] Yes | [ ] No |  |
| **12.** | **Does the financial system provide for the control and accountability of project funds, property, and other assets?** |
|  | [ ] Yes | [ ] No |  |
| **13.** | **Do policies exist that address:** |
|  | Pay Rates and Benefits? | [ ] Yes | [ ] No |
|  | Time and Attendance? | [ ] Yes | [ ] No |
|  | Leave? | [ ] Yes | [ ] No |
|  | Discrimination? | [ ] Yes | [ ] No |
|  | Conflicts of Interest? | [ ] Yes | [ ] No |
|  | Travel? | [ ] Yes | [ ] No |
|  | Purchasing? | [ ] Yes | [ ] No |
|  | *If yes to any of the above, please attach a copy of the relevant policy, or the URL.* |
| **14.** | **Describe the method used to support labor and benefit charges** |
|  |  |
| **15.** | **Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?** |
|  | [ ] Yes | [ ] No |  |
| **Information contact:** |
|  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Suspension/Debarment?

|  |  |
| --- | --- |
| [ ] Yes | [ ] No |

COI Policy?

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No  | [ ] N/A |

Adequate Financial Systems

|  |  |  |
| --- | --- | --- |
| [ ] Yes | [ ] No  | [ ] More information needed. Specify: |

1. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
2. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
3. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
4. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
5. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
6. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
7. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_

Organizational Risk Rating:

1. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
2. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
3. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
4. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
5. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_
6. Low \_\_\_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_\_\_ High \_\_\_\_\_\_\_\_\_

Project-specific Risk Rating:

Subrecipient Monitoring Plan:

Signed:

SPaRC Accounting PI/PD