

Subrecipient Qualifying Questionnaire for Subcontract Continuation

Please return the completed form as a PDF email attachment to: <u>osara@american.edu</u>

Your institution has been identified as a possible recipient of a subaward from American University (AU). As a direct recipient of US Federal funds, 2 CFR §200.331 requires AU to perform an initial and/or annual risk-based assessment of its subrecipient's ability to meet its subaward obligations. Completion of this Questionnaire will provide AU with the information needed to assess the adequacy of the financial and accounting systems of your organization. Each question should be answered as completely as possible, using extra pages if necessary.

_				
Organiza	tion's Legal Name:			
Address:				
EIN Number:		DUNS:		
Financial Point of Contact:				
Phone:		Email:		
	AL INFORMATION			
1.	How is your organization	_		
	☐ Non-Profit Organiza☐ University☐ Foundation	State and Local Government Corporation Federal Government Individual Foreign Government Other		
2.		oes your organization have?		
		oyees:		
	b. Fart-fille Lilip	loyees		
INTERN	NAL CONTROLS			
3.	Has the state, governmen	nt or any other authority placed your institution in a special financial status?	Yes	No
4.	Has your institution beer	n able to meet its cash needs? <i>If "no", please explain</i>	Yes	No
5.	Are duties separated so t	that no one individual has complete authority over an entire financial transaction?	Yes	No
6.	, ,	procedures ensure that costs deemed unallowable, per US Federal guidelines, are unt billed to the University under this subaward?	Yes	No
7.	Does your organization h amounts?	nave controls to prevent the spending of funds in excess of approved, budgeted	Yes	No
8.		t disbursements properly documented with evidence of receipt of goods or	Yes	No
		hat can be provided as backup with invoice submissions if requested?		
AUDIT	STATUS			
9.	Does your organization h A. Approved fring B. Approved indir If yes, provide a copy		Yes Yes	No No
10.	, ,,	ceive overall US Federal funding of at least \$750,000 per year?	Yes	No
10.	Is your organization a:	selle stellar an arrang of acticast \$750,000 per year.	1 63	INU
	For-profit entity that e	ending less than \$750,000 per year in US Federal or sub-Federal funds annually expends Federal or sub-Federal funds and has a DCAA audited rate does not expend US Federal funds or have annual audits		

11. Is your organization subject to 2 CFR Part 200, Subpart F Single Audit (formerly A-133)? If not uploaded to the Federal Audit Clearinghouse, attach a complete copy of your most recent Single Audit Report, or the Internet URL link to a complete copy:	Yes No
Fiscal Year End (MM/DD/YYYY): Date of most recently completed audit (MM/DD/YYYY):	
Were any audit findings reported? Yes No If "yes", please explain:	

Completion of the following sections are required for all organizations \underline{not} subject to 2 CFR Part 200, Subpart F - Single Audit

FINANCIAL AUDIT STATUS			
12. Does your organization have its financial statements reviewed by an independent public accounting firm or a governmental agency? (Provide a link to your Website or enclose a copy of the most recent financial statements for your organization, audited or unaudited.)	Yes _	_ No	
CASH MANAGEMENT			
13. Will any cash from grant funds be kept outside the bank account (in petty cash funds, etc.)?	Yes	No	
14. Are all bank accounts reconciled monthly?	Yes	No	
PAYROLL			
15. Are payroll charges checked against program/project budgets?	Yes	No	
16. Are timesheets kept for each paid employee? If "no" how does your organization monitor personnel effort and align it with time charged to sponsored agreements?	Yes	No	
17. Do you have a written policy that addresses pay rates, benefits time and attendance, and leave?	Yes	No	
PROCUREMENT			
18. Are there written procedures to ensure the procurement of goods and services at competitive prices? Please provide a copy of (or link to) the written policy:	Yes	No	
19. Does your organization have the ability to account for equipment purchases greater than \$5,000?	Yes	No	
Please explain:			
20. Is there an effective system of authorization and approval of:	., –		
a. Capital equipment costs?	Yes Yes	No No	
b. Travel costs?	163	NO	
PROPERTY MANAGEMENT			
21. Are detailed records of individual capital assets kept and periodically balanced with the accounting records?	Yes	No	NA
22. Are there effective procedures for authorizing and accounting for the disposal of property and equipment?	Yes	No	NA
23. Are detailed property records periodically checked by physical inventory?	Yes	No	NA
24. Does your organization have a policy concerning capitalization and depreciation?	Yes	No	NA
COST TRANSFERS			
25. Does your organization ensure that all cost transfers are legitimate and appropriate? **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy of (or link to) the written policy: **Please explain or provide a copy or provide a copy or provide a copy or provide a	Yes	No	

COST SHARING						
26.	26. How does your organization determine that it has met cost-sharing goals? <i>Please explain:</i>					
COLED	VIVOR					
COMPI	LIANCE					
27.	Has your organization received grants, contracts, or cooperative agreements from American University in the past?	Yes	No			
28.	If yes, were any of those agreements terminated early for fiscal negligence or discrepancies, or due to lack of technical progress or misrepresentation of outcomes?	Yes	No			
29.	Has your organization or any employees, students, or agents who may serve as key personnel on a subaward	Yes	No			
	from American University ever been debarred, suspended, or otherwise excluded from or found ineligible for participation in Federally supported programs or activities?					
30.	Does your organization have a cash forecasting process that will minimize the time elapsed between the	Yes	No			
	disbursement of funds distributed to your organization in advance? If "yes", please explain:					
31.	Does your organization have policies and procedures that address:					
	Conflicts of Interest Yes No					
	Time and Attendance Yes No					
	Employment Discrimination Yes No					
	Subrecipient Monitoring Yes No					
CERTII	FICATIONS					
	The information, certifications and representations above have been read and made by an authorized officia	l of the subre	cipient			
	named herein. The appropriate programmatic and administrative personnel involved in this subcontract continuous	nuation are a	ware o	f		
	AU's policy in regards to subawards and are prepared to establish the necessary agreements consistent with					
	Accepting or continuing an award from a university creates a legal duty for the sub-recipient to use the funds a	according to	the			
	award agreement and U.S. federal regulations.					
	Signature of Subrecipient's Authorized Official Date					
	Type or print name and title of Authorized Official Phone	Email				
	Type of print fiame and title of Authorized Official Priorie	Lillali				
ATTAC	HMENTS (Unless website has been provided above)					
1.				NA		
2.	Most recent Financial Statements (Audited or Unaudited)			<u>NA</u>		
3.	0			NA		
<u>4.</u> 5.	Procurement Policy Cost Transfer Policy	Yes Yes	No No	NA NA		

Please address questions about this form to: Office of Sponsored Awards and Research Administration (OSARA) (202) 883-3875 osara@american.edu

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