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*Please have this form completed by someone who (a) is knowledgeable about your organization’s business processes and (b) possesses information on the scope of work to be carried out by your organization’s Program Manager/Principal Investigator. The form must be signed by your organization’s Authorized Organizational Representative (AOR); this is the individual who has authority to legally bind your organization. All fields are required. Please reach out to* [*proposals@biomade.org*](mailto:proposals@biomade.org) *with questions.*

Subrecipient Profile Questionnaire

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| --- | --- | --- | --- | --- | --- |
| **SECTION A. SUBRECIPIENT INFORMATION** | | | | | |
| Organization’s Legal Name: |  | | | | |
| Organization Type: | Choose organization type. | | | | |
| Number of Years in Operation: |  | | | | |
| Organization’s Legal Address: |  | | | | |
| Organization’s Congressional District |  | | | | |
| Unique Entity Identifier (UEI): |  | | | | |
| Performance Site’s Address (if different from legal address): |  | | | | |
| Performance Site’s Congressional District (if different from legal address): |  | | | | |
| Name of Authorized Organizational Representative (AOR): |  | | | | |
| Address (if different from legal address): |  | | | | |
| Phone Number: |  | | Email: |  | |
| Name of Principal Investigator (PI): |  | | | | |
| Address (if different from legal address): |  | | | | |
| Phone Number: |  | | Email: |  | |
| Contracts Representative: |  | | | | |
| Phone Number: |  | | Email: |  | |
| Shared Contracts Email Address: |  | |  |  | |
| Financial Contact: |  | | | | |
| Phone Number: |  | | Email: |  | |
| Invoice Email Address: |  | | | | |
| Federal Employer Identification Numbers (FEIN): |  | Commercial and Government Entity (CAGE) Code: | | |  |
| Registered in SAM? | Choose an item. | Expiration Date: | | | Click to enter a date. |
| If Subrecipient is owned or controlled by a parent entity, please provide the following information: | | | | | |
| Parent Entity’s Legal Name: |  | | | | |
| Parent Entity’s Legal Address: |  | | | | |
| Parent Entity’s Congressional District: |  | | | | |
| Parent Entity’s UEI: |  | | | | |
| Parent Entity’s FEIN: |  | | | | |

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| **SECTION B. SUBRECIPIENT ELIGIBILITY**  For any question(s) answered “Yes”, please provide an explanation in the Comments section. | |
| 1. Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt including direct and guaranteed loans and other debt as defined in 2 CFR Part 200? | Choose an item. |
| Comments: | |
| 1. Is the Subrecipient Principal Investigator, or any other employee or participant of the Subrecipient debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities? | Choose an item. |
| Comments: | |
| 1. Is your organization presently indicted for or otherwise criminally charged by a government entity? | Choose an item. |
| Comments: | |
| 1. Has your organization, within the preceding three years, had any contracts terminated for default by any federal agency? | Choose an item. |
| Comments: | |

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| **SECTION C. SUBRECIPIENT QUALIFICATIONS AND CERTIFICATIONS** | | | | | | | |
| 1. **SMALL BUSINESS CONCERN** | | | | | | | |
| Is the Subrecipient a small business as defined in 13 CFR 124.1002? | | | | | | | Choose an item. |
| If YES, does the Subrecipient represent that it is a: (Check all that apply)  Small, disadvantaged business as certified by the Small Business Administration  Woman-owned small business concern  Veteran-owned small business concern  Service-disabled, veteran-owned small business concern | | | | | | | |
| 1. **FEDERAL CONTRACTING EXPERIENCE** | | | | | | | |
| Does the Subrecipient have experience working under Federal Assistance Awards, Cooperative Agreements or Contracts? | | | | | | | Choose an item. |
| If YES, how many years? | |  | | | | | |
| Please list the last three agreements, identify whether they are a Prime or Lower Tier Award | | | | | | | |
| Awarding Agency: | |  | Award Period (Months): | |  | | Choose an item. |
| Awarding Agency: | |  | Award Period (Months): | |  | | Choose an item. |
| Awarding Agency: | |  | Award Period (Months): | |  | | Choose an item. |
| 1. **FACILITIES AND ADMINISTRATIVE RATES USED FOR THIS PROJECT HAVE BEEN CALCULATED BASED ON: (Check all that apply)** | | | | | | | |
| Subrecipient’s federally negotiated Facilities and Administrative (F&A, e.g., indirect costs), rates for this type of work (Please attach a copy of your F&A rate agreement or provide a URL.)  URL:  10% MTDC De Minimus F&A rates for this type of work per 2 CFR 200  Other rates (Attach a description of the basis on which the rate has been calculated)  Not Applicable (Subrecipient is not requesting payment of F&A costs) | | | | | | | |
| 1. **AUDIT** | | | | | | | |
| 1. Is Subrecipient required to obtain single audit in accordance with 2 CFR Part 200 Subpart F? (Reference: §200.501 of the Uniform Guidance) | | | | | | Choose an item. | |
| If YES, please attach an example of any findings or exceptions noted in your organization’s more recent single audit and provide the following information: | | | | | | | |
| Audit is available on the Federal Audit Clearinghouse | | | | | | Choose an item. | |
| Audit report is available at this URL: | | | | | | | |
| If NO, please indicate the reason(s) the single audit requirement does not apply:  Subrecipient did not expend over $750,000 in federal funds in the last fiscal year  Subrecipient is a for-profit organization  Other (Provide an explanation): | | | | | | | |
| 1. Does the Subrecipient have annual financial statements that have been reviewed or audited by an independent audit firm? | | | | | | Choose an item. | |
| If YES, please provide a copy of the statements for the most current fiscal year.  If NO, please provide an explanation: | | | | | | | |
| 1. Other than financial statements, has any aspect of the Subrecipient’s activities been audited in the last two years by any government agency or independent audit? | | | | | | Choose an item. | |
| If YES, please provide an explanation: | | | | | | | |
| Audit Report is available at this URL: | | | | | | | |
| 1. **ASSET MANAGEMENT** | | | | | | | |
| 1. Does Subrecipient have an accounting system that provides for: | | | | | | | |
| Proper segregation of direct costs and indirect costs? | | | | | | Choose an item. | |
| Identification and application of funds for award supported activities | | | | | | Choose an item. | |
| Control and accountability of project funds, property, and other assets | | | | | | Choose an item. | |
| Timekeeping that identifies employees’ labor by intermediate or final cost objectives | | | | | | Choose an item. | |
| Exclusion of costs charged to government contracts, which are unallowable under the Uniform Guidance, Department of Defense Grant Agreement Regulations (DoDGAR) or other contract provisions | | | | | | Choose an item. | |
| 1. Does Subrecipient have internal or control systems that provide for: | | | | | | | |
| Regular review (at least monthly) of variations between project budgeted and actual spending? | | | | | | Choose an item. | |
| Prevention of expenditure of funds more than approved and budgeted amounts? | | | | | | Choose an item. | |
| Does the Subrecipient maintain an inventory of federal governments property that, at minimum, identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition date? (Reference: 2 CFR 200.313) | | | | | | Choose an item. | |
| 1. **POLICIES** | | | | | | | |
| 1. Does Subrecipient have a formal written policy that address the following? | | | | | | | |
| Pay rates/Benefits | | | | | | Choose an item. | |
| Leave | | | | | | Choose an item. | |
| Discrimination | | | | | | Choose an item. | |
| Property/Inventory | | | | | | Choose an item. | |
| Travel | | | | | | Choose an item. | |
| Purchasing | | | | | | Choose an item. | |
| Time & Effort Reporting | | | | | | Choose an item. | |
| 1. Does the Subrecipient have an enforced, formal, and written conflict of interest/commitment policy? (Reference: 2 CFR 200.112) | | | | | | Choose an item. | |
| 1. Is the Subrecipient’s policy consistent with the provisions of 42 CFR Part 50? | | | | | | Choose an item. | |
| 1. **EXECUTIVE COMPENSATION** | | | | | | | |
| 1. During the previous tax year, was the Subrecipient’s gross income from all sources, including Federal sources (e.g., contracts, subcontracts, loans, grants, and cooperative agreements) under $300,000? | | | | | | Choose an item. | |
| If YES to 7a, go to Section 8. If no, answer 7b. | | | | | | | |
| 1. During the previous fiscal year, was 80% or more of Subrecipient’s annual gross revenues from Federal sources (e.g., contracts, subcontracts, loans, grants, and cooperative agreements)? | | | | | | Choose an item. | |
| If YES to 7b, answer 7c. If NO, go to section 8. | | | | | | | |
| 1. During the preceding fiscal year, did Subrecipient have $25,000,000 or more in annual gross revenues from Federal sources (e.g., contracts, subcontracts, loans, grants, and cooperative agreements)? | | | | | | Choose an item. | |
| If YES, to 7c, go to 7d. If NO to 7c., go to Section 8. | | | | | | | |
| 1. Does the public have access to the information about the compensation of the Subrecipient’s executives through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 780(d) or Section 6104 of the Internal Revenue Code of 1986)? | | | | | | Choose an item. | |
| If YES to 7d, go to 7e. If no, go to Section 8. | | | | | | | |
| 1. Subcontractor’s Five Most Highly Compensated Executives (i.e., Officers, Managing Partners, or any other employee in a management position): | | | | | | | |
| EXECUTIVE NAME | | | | TOTAL COMPENSATION FOR  PRECEDING FISCAL YEAR | | | |
| 1. |  | | |  | | | |
| 2. |  | | |  | | | |
| 3. |  | | |  | | | |
| 4. |  | | |  | | | |
| 5. |  | | |  | | | |
| 1. **ASSURANCES – SUBRECIPIENT AGREES THAT IT WILL COMPLY WITH APPLICABLE PROVISION RELATED TO:** | | | | | | | |
| 1. Use of the United States Flag air carriers for international transportation of people and property to the extent that such services are available for travel supported by the United States | | | | | | Choose an item. | |
| 1. Prohibiting discrimination on the basis of race, color, or national origin, in Title VI of the Civil Rights Act of 1964 (42 I.S.C. 2000d, et seq.), as implemented by the Department of Defense regulations at 32 CFR part 195. | | | | | | Choose an item. | |
| 1. Prohibiting discrimination on the basis of age, in the Age Discrimination Act of 1975 (42 U.S.C. 6101, et seq.) as implemented by Department of Health and Human Services regulations at 45 CFR part 90. | | | | | | Choose an item. | |
| 1. Prohibiting discrimination on the basis of handicap, in Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as implemented by Department of Justice regulations at 28 CFR part 41 and Department of Defense regulations at 32 CFR part 56. | | | | | | Choose an item. | |
| 1. Compliance with The Clean Air Act (42 U.S.C. 7401, et seq.) and Clean Water Act (33 U.S.C. 1252, et seq.) as implemented by Executive Order 11738 (3 CFR, 1971-1975 Comp./p799). | | | | | | Choose an item. | |
| 1. Compliance, if applicable, with the rules on animal acquisition, transport, care, handling and use in: (i) 9 CFR parts 1-4, Department of Agriculture rules that implement the Laboratory Animal Welfare Act of 1966 (7 U.S.C. 2131-2156); and (ii) the “Guide for the Care and Use of Laboratory Animals,” National Institute of Health Publication No. 566-23. | | | | | | Choose an item. | |
| 1. Subrecipient certifies that their organization is in compliance with 22 U.S.C. 7104 and understands this award is subject to requirements of Section 106(g) of the Trafficking Victims Protection Action of 2000. | | | | | | Choose an item. | |
| 1. Subrecipient agrees that is does not have a policy or practice that prohibits or, in effect, prevents ROTC or military recruiting on campus, as described in DFARS 252.209-7005(b). | | | | | | Choose an item. | |

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| **SECTION D. APPROVAL OF SUBRECIPIENT** | | |
| ***I am an authorized business official of this Organization, and by signing below, I certify that the information that I’ve provided, and the responses given on this profile are complete, true, and accurate.***  ***I am an Authorized Official Representative (AOR) of the Subrecipient named herein, and I have the authority to legally bind my organization. I understand that any work that has begun and/or expenses incurred prior to execution of a Subaward Agreement are at my organization’s own risk.*** | | |
| X    Date: Click to enter a date. | Name: |  |
| Job Title: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |