

SUBRECIPIENT FINANCIAL QUESTIONNAIRE

Accepting awards from UFL creates a legal duty for the Subrecipient to use the funds according to the award agreement and applicable United States federal regulations. The purpose of this questionnaire is to provide UFL with the information needed to assess the adequacy of the financial and accounting systems of your organization.

Please answer all questions below as completely as possible and include copies of requested documentation. Use extra pages if necessary.

Section A - General Subrecipient Information:

Legal Name:		
Address:		
Sam.gov Unique Entity ID		
EIN or Tax ID number:		
SAM.gov Registration:	<input type="checkbox"/> Yes – Active <input type="checkbox"/> No – Not Active or Not registered	
Entity Type:	<input type="checkbox"/> U.S. For-Profit <input type="checkbox"/> U.S. Non-Profit <input type="checkbox"/> U.S. Governmental Organization <input type="checkbox"/> Non U.S. For-Profit <input type="checkbox"/> Non U.S. Non-Profit <input type="checkbox"/> Non U.S. Governmental Organization	
Legal Entity Registration:	If your entity type requires governmental registration, is your registration current? Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> If Y, what gov't/state: _____	
Organizational Web Site:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/>	<input type="checkbox"/>	Does your organization receive grant or contract funding directly from the U.S. Government?
<input type="checkbox"/>	<input type="checkbox"/>	Does your organization have a financial conflict of interest policy?
		If yes, check of the policy is compliant with: <input type="checkbox"/> U.S. Federal PHS Financial Conflict of Interest regulations <input type="checkbox"/> U.S. Federal NSF Financial Conflict of Interest regulations <input type="checkbox"/> U.S. Federal USARMC Financial Conflict of Interest regulations
<input type="checkbox"/>	<input type="checkbox"/>	Do any of your organization's employees or board members, or their immediate family, work for UFL?
<input type="checkbox"/>	<input type="checkbox"/>	Has your organization ever had an approved U.S. Federal Negotiated Indirect Cost Rate Agreement? If yes, please provide a copy of your current approved rate agreement.
<input type="checkbox"/>	<input type="checkbox"/>	Does your organization have an approved Fringe Benefit rate? If yes, please provide a copy of approval letter or any supporting documentation. If no, please provide basis/calculations for rate being used for this subaward.

**Subrecipients of Federal funds must request and obtain a DUNS number prior to the issuance of a subaward.*

Audit Status under 2 CFR 200, Subpart F:

Does your entity file an annual Single Audit with the Federal Audit Clearinghouse (FAC) in accordance with the Uniform Guidance (2 CFR 200, Subpart F)? Yes No

-If Yes, and you are a **non-profit organization**, please state whether material weaknesses, material instances of non-compliance, or findings were noted in your audit. Yes No Next, please sign and date the certification contained in **Section D** of this form and submit to ufsubawards@ufl.edu along with the link or copies of your organization's most recent Single Audit report and all relevant attachments, including corrective action responses or plans, if applicable. You need not complete the remainder of this form.

-If No or you are a **U.S. based for-profit or non-U.S. organization**, please continue answering the remaining sections of this form. Submit the completed form to ufsubawards@ufl.edu along with the links or copies to all relevant attachments.

Section B – Financial Information

1. Year of incorporation or establishment:
2. Number of Employees:
3. Fiscal year start and end date (Month /Day) -
4. Does your organization have annual audited financial statements? Yes No
-If Yes, provide a copy of the report for the most recent fiscal year.
-If No, please provide an internal balance sheet and annual revenue/expense statement.
5. Please provide the amount (in USD\$) of U.S. governmental funds your organization expended in its most recent fiscal year:
6. Did your organization have an audit of any U.S. government funded projects in your most recent fiscal year? Yes No **If yes, please provide a detailed report of any findings.**
7. Are there any reasons (local conditions, laws, or institutional circumstances) that would prevent an independent accountant from performing an audit of your organization? Yes No
8. Can your accounting records separate the receipts and payments of a UFL award from the receipts and payments of your organization's other activities? Yes No
9. Can your accounting system record expenditures on a UFL award according to budget categories such as salaries, supplies, travel, and equipment? Yes No
10. Do you keep invoices, vouchers and timesheets for all payments made from U.S. government funds for a minimum of 3 years after the date of the receipt of the final invoice payment? Yes No
11. Will any cash from UFL awards be kept outside of your organization's bank account (petty cash, etc.)? Yes No
12. Are you able to support your accounting records with source documentation? Yes No
13. Are you capable of invoicing in U.S. Dollars? Yes No
14. Are you capable of producing invoices and supporting documentation in English? Yes No
15. Do you have sufficient cash flows to incur costs from your own reserves and only be reimbursed after you submit a proper invoice? Yes No

Section C – Internal Control Information

1. Does your organization have written accounting policies and procedures? Yes No
-If No, please describe how transactions are recorded, cash disbursements are made, and the account system is managed.
2. Are timesheets or other systems used to document employees’ effort spent on U.S. government funded projects? Yes No If no, please explain.
3. Does your organization have an inventory system for tracking equipment? Yes No
4. Does your organization have a purchasing/procurement policy creating standards in the procurement of supplies and other expendable property, equipment and other services? Yes No
5. Does your organization have a written travel policy? Yes No
6. If you expend funds in a currency other than U.S. Dollars, do you have written policies for currency conversion? Yes No N/A

-If Yes, please provide a copy of or link to your policy. _____

Section D –

By signing this form:

I certify under penalty of perjury that the foregoing is true and correct.

I certify that the Subrecipient nor any of its employees or agents performing any service on UFL awarded projects are presently debarred, suspended, proposed for debarment, or declared ineligible from receiving funds from the United States government.

I certify that I am authorized to sign on behalf of the Subrecipient.

Signature By:

Name:
Title:
Date:
Email: