



New Subrecipient Questionnaire

Accepting an award from The Johns Hopkins University (JHU) 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 JHU with information needed to assess the adequacy of the financial and accounting systems of your organization and to assess the need for assistance to ensure accountability of the subaward issued.

Instructions:

Please answer all questions below as completely as possible, using extra pages if necessary. The completed, signed questionnaire and all relevant attachments should be sent to:

Name: _____

Department: _____

Email address: _____

All questions about the form should be directed to subrecipient@jhu.edu.

Section A – General Organizational Information

1) Name of subrecipient: _____

2) Address (including country): _____

3) EIN or Tax ID: _____

4) DUNS number: _____

5) Unique Entity Identifier from SAM.gov: _____

6) Please check the box that best describes your organization.

Domestic/U.S., nonprofit organization

Domestic/U.S., for profit organization

Domestic/U.S., governmental organization

Foreign/Non-U.S., nonprofit organization

If box above is checked, is your organization tax exempt? Yes No

Foreign/Non-U.S., for profit organization

Foreign/Non-U.S., governmental organization

Other (please explain): _____

7) Organizational website: _____

8) Please provide the name, title and email address of contact if there are questions about the information on this questionnaire.

Name: _____

Title: _____

Email address: _____

9) Does your organization have a financial conflict of interest policy?

Yes

No

If no, is your organization planning on utilizing JHU's policy on financial conflict of interest?

Yes

No

10) Does your organization have an Indirect Cost/Facilities & Administrative rate that has been approved by a U.S. Federal agency?

Yes

No

If yes, please provide copy of the letter from the U.S. Federal agency approving the rate.

11) Does your organization have a Fringe Benefit rate that has been approved by a U.S. Federal agency?

Yes

No

If yes, please provide copy of the letter from the U.S. Federal agency approving the rate.

12) Are you a domestic, nonprofit or governmental organization that files 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, what is the name under which the report is filed in the FAC?

If you answered **Yes** to Question 12 above and are a **domestic nonprofit or governmental** organization, **please sign and date Section F** of the form and submit back to Johns Hopkins University along with the link to or copies of your organization's last two years' Single Audit reports and all relevant attachments.

Link: _____
 Enclosed

If you answered **No** to Question 12 above or are a **domestic for profit or foreign** organization, please continue answering the rest of the questions in **Sections B - E** below and **sign and date Section F** of the form and submit back to Johns Hopkins University along with all relevant attachments.

Section B – Financial Information

1) Fiscal year start and end date (Month/Day): _____ - _____
 MM/DD MM/DD

2) Does your organization have annual Audited Financial Statements?
 Yes
 No

If yes, please submit a copy of your organization's report for its most recent fiscal year. If no, please provide internal balance sheet and revenue/expense statement.

3) Subrecipient HAS _____ / HAS NOT _____ (check one) expended at least \$750,000 in cost-reimbursable prime awards or subawards from all U.S. government sources in its previously completed fiscal year.

4) Please provide the amount (in USD\$) and source of U.S. government funds your organization expended in its most recent fiscal year.

Most recent fiscal year: _____

Source of U.S. Government Funding	Amount of Expense in USD\$
Department of Health and Human Services (DHHS)	
United States Agency for International Development (USAID)	
Other (list)	
Other (list)	
Other (list)	

5) Did your organization have an audit of its U.S. government funded projects in your most recent fiscal year?

Yes

No

If yes, please submit a copy of the audit report.

6) 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

If yes, please explain.

7) Are your financial reports prepared on a cash basis or accrual basis?

Cash

Accrual

Other (please explain): _____

8) Can your accounting records separate the receipts and payments of a JHU award from the receipts and payments of your organization's other activities?

Yes

No

9) Can your accounting system record expenditures on the JHU 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 JHU grant funds be kept outside the bank account (in petty cash funds, etc.)?

Yes

No

If yes, please provide the amount of funds to be kept and the name and position/title of the person responsible for safeguarding cash.

Amount (in USD\$): _____

Name: _____

Title: _____

12) Please provide banking information below:

Name of bank: _____
U.S. or international bank?
U.S.
International
Are bank deposits insured?
Yes
No

Section C – Internal Control Information

- 1) Does your organization have written accounting policies and procedures?
Yes
No

If yes, please provide a copy. If no, please provide a description below of how transactions are recorded, cash disbursements are made, and account system is managed.

- 2) Are timesheets kept for each paid employee or is there another system to document employees' effort spent on U.S. government funded projects?
Yes
No

If no, please explain.

- 3) Is each employee's salary stated in an employment letter or contract?
Yes
No

- 4) Does your organization have an inventorying system for equipment including data for property that identifies purchase date, cost, vendor, description, serial number, locations and ultimate disposition?
Yes
No

- 5) How often do you compare inventory records to the actual equipment?
-

- 6) Does your organization have a purchasing/procurement policy creating standards in the procurement of supplies and other expandable property, equipment, real property and other services?
Yes
No

- 7) Does your organization have a written travel policy outlining the expectation and standards for expending project funds for travel and documenting travel expenditures?

Yes

No

Section D – Subrecipient Information

- 1) Is your organization passing through funding to any other organization as a subrecipient?

Yes

No

If yes, please provide a copy of your subrecipient monitoring policies and procedures or an explanation of how you will ensure programmatic and fiscal compliance for these organizations.

- 2) Are there any circumstances which may keep your organization from monitoring your subrecipients' financial and project activities (for example, communication difficulties, lack of personnel, unfamiliarity with JHU award requirements, etc.)?

Yes

No

N/A – our organization is not providing subrecipient funds to other organizations

- 3) Are your subrecipients responsible for preparing reports (both financial and programmatic) of their award activities?

Yes

No

N/A– our organization is not providing subrecipient funds to other organizations

Section E – Additional Information

1) Is your organization legally registered in its country of operations?

Yes

No

If yes, please provide a copy of your organization’s registration certificate. If no, please explain.

2) In what year was your organization established?

3) Please list the names of the following executive officers of your organizations.

President/Director: _____

Chief Financial Officer: _____

4) Please provide the number of employees in your organization.

Full-time Employees: _____

Part-time Employees: _____

Section F- Certification

By signing this form:

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

I certify that neither this organization nor any of its employees or agents performing any service for this project are presently debarred, suspended, proposed for debarment, or declared ineligible from receiving funds from the United States government.

Name: _____

Title: _____

Email Address: _____

Signature:

Date: _____