Subrecipient Financial Questionnaire

Accepting an award from Roger Williams University (RWU) 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 RWU 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.

Section A – General Organizational Information

1) Name of subrecipient:

2) Address (including country):

3) EIN or Tax ID:

4) UEI number:

5) Please check the box that best describes your organization.
   - ☐ Domestic, nonprofit organization
   - ☐ Domestic, for profit organization (INELIGIBLE)
   - ☐ Domestic governmental organization
   - ☐ Foreign, nonprofit organization
     - If any box above is checked, is your organization tax exempt? Yes ☐ No ☐
   - ☐ Foreign, for profit organization (INELIGIBLE)
   - ☐ Foreign governmental organization
   - ☐ Other (please explain):

6) Organizational web site:

7) Please provide the name, title and email address of contact if there are questions about the information on this questionnaire.
   Name:
   Title:
   Email address:

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

Yes ◯
No ◯

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

Yes ◯
No ◯

9) Does your organization have an approved Indirect Cost/Facilities & Administrative rate /NICRA?

Yes ◯
No ◯

If yes, please provide a copy of approval letter. If no, please provide basis/calculations for rate being used for this subagreement.

10) Does your organization have an approved Fringe Benefit rate?

Yes ◯
No ◯

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 subagreement.

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

3) 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:

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

Yes ◯
No ◯

4 a) If yes to 4 above, do you file your annual single audit with the Federal Audit Clearinghouse (FAC) in accordance with the Uniform Guidance (2 CFR 200, Subpart F)?

Yes ◯
No ◯

If you answered **Yes** to Question 4 a) above and are a **domestic nonprofit** organization**,** please provide the FAC link to or copies of your organization's last two years' Single Audit reports and all relevant attachments. Link:

5) 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.

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

Cash ◯
Accrual ◯
Other (please explain): ◯

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

Yes ◯
No ◯

8) Can your accounting system record expenditures on the RWU award according to budget categories such as salaries, supplies, travel and equipment?

Yes ◯
No ◯

9) 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 ◯

10) Will any cash from RWU 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:

11) 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? All records must reflect 100% of employees' time or effort spent by project or activity.
Yes ◯
No ◯

If no, please explain.

3) Is each employee's salary stated in a formal document maintained by your organization?
Yes ◯
No ◯

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

5) 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 – 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:

5) Is your organization able to provide proof of general liability and workers' compensation insurance?

Yes ◯
No ◯

Section E- 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:

Note: If you are unable to sign this PDF electronically, please print and sign this certification page and include a scanned copy in your submission.