

**FLORIDA A&M UNIVERSITY
DIVISION OF RESEARCH**

OFFICE OF SPONSORED PROGRAMS

Sub-Recipient Pre-Qualifying Questionnaire for University Contracts

Legal Name of Organization: _____

Business Address: _____

Name & Title of Person Responsible for Financial Matters: _____

Telephone Number: _____ DUNS# _____ EIN#: _____

1. Has your organization previously done work with the Federal government? YES NO Don't Know

2. If yes, please list the last three agreements and note whether it was a prime award or lower tier contract?

Awarding Agency: _____ Award Period: _____

Awarding Agency: _____ Award Period: _____

Awarding Agency: _____ Award Period: _____

3. Does your organization have a designated federal cognizant audit agency? YES NO Don't Know

If yes, provide name of the agency: _____

4. Does your organization have a negotiated federal overhead rate? (If no, please provide the documentation to substantiate your proposed overhead rate, i.e., breakdown of rate components) YES NO

What is the rate: _____

To what base is it applied? Direct S&W Total Direct Cost Modified Direct Cost Other

What period does it cover? _____

Who was it prepared by? _____

5. Is your organization required to obtain an OMB Circular A-133 audit? (If yes, please provide a copy of the most recent audit and do not complete the remainder of this questionnaire. If no, please continue.)

YES NO Don't Know

6. Does your organization have annual financial statements that has been reviewed or audited by an independent audit firm? (If yes, please provide a copy of the statements for the most current fiscal year. If no, please explain.)

YES NO Don't Know

7. Will your organization adhere to Cost Accounting Standards Board (CASB) regulations under the proposed subcontract? (FAR Part 30) YES NO

If Yes, proceed to question 10.

8. Does your organization have a financial management system that provides records to identify the source and application of funds for award supported activities? (Refer to FAR 52.216-7) YES NO

9. Does your organization's system provide for the control and accountability of project funds, property, and other assets? YES NO Don't Know

10. Does your organization have a formal, written personnel policy that addresses?

Pay Rates & Benefits YES NO

Time & Attendance YES NO

Leave YES NO

Discrimination YES NO

Neopotism YES NO

Conflict of Interest YES NO

11. Describe the method that the organization uses to support and benefit charges.

12. Does your organization have a formal, written travel policy? YES NO Don't Know

13. Does your organization have a formal, written purchasing procedure? YES NO Don't Know

14. Does your organization maintain an inventory for Government property that, at a minimum, identifies purchase date, cost, vendor, description, serial number, location and ultimate disposition data? (Refer to FAR Part 45) YES NO Don't Know

Name and Title of owner, sole proprietor or officer of organization able to certify to the accuracy of this completed questionnaire.

Name: _____ Title: _____

Signature: _____ Date: _____

Name of Principal Investigator: _____

Signature: _____ Date: _____

DIVISION OF RESEARCH	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
_____ Signature	_____ Date