

Subrecipient Profile Questionnaire



How to use: The questionnaire is used to help determine a subrecipient organization’s financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. The questionnaire can be completed by the subrecipient or by the UPR responsible office before an agreement is made with the subrecipient. Questions may be omitted or added to obtain information most useful for developing a monitoring plan.

Fill out the information below, as appropriate or verify the information below and make corrections or additions as needed.

1. Complete address and contact information:

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
Fax: _____
Email: _____
URL: _____

2. Company Information:

Incorporated in: _____
Incorporated Date: _____
Number of Employees: _____
EIN
(Employee ID Number): _____
DUNS Number: _____
Register on PR GSA?* _____ Yes _____ No

*Puerto Rico General Service Administration

3. Type of organization (check one):

- | | |
|---|---|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Higher Education Institution |
| <input type="checkbox"/> State Agencies | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Municipalities | <input type="checkbox"/> Corporation / Private |
| <input type="checkbox"/> Foreign Government | <input type="checkbox"/> Foundation |

11. Does the financial system provide for the control and accountability of project funds, property, and other assets?

_____ Yes _____ No

12. Do policies exist that address:

| | | |
|------------------------------------|------------------------------|-----------------------------|
| Pay rates and Benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Time and Effort? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leave or absence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discrimination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conflicts of Interest in Research? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Travel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Purchasing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. Contact information:

a. Contact for Fiscal Information:

Name: _____
Title: _____
Email: _____
Signature: _____
Date: _____

b. Contact for Scientific Information:

Name: _____
Title: _____
Email: _____
Signature: _____
Date: _____