



## 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](mailto:subrecipient@jhu.edu).

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### **Section A – General Organizational Information**

- 1) Name of subrecipient:
- 2) Address (including country):
- 3) EIN or Tax ID:
- 4) DUNS number:
- 5) Please check the box that best describes your organization.

Domestic, nonprofit organization

Domestic, for profit organization

Domestic governmental organization

Foreign, nonprofit organization

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

Foreign, for profit organization

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 JHU'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.

11) Are you a domestic, nonprofit 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 11 above and are a **domestic nonprofit** 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 11 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) 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)	

4) 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.

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 JHU award from the receipts and payments of your organization's other activities?

Yes

No

8) Can your accounting system record expenditures on the JHU 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 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:

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 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

If your organization has equipment, is it insured?

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 expendable 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: