

**FLORIDA A&M UNIVERSITY**  
**DIVISION OF RESEARCH**  
**OFFICE OF SPONSORED PROGRAMS**

Sub-Recipient Pre-Qualifying Questionnaire for Non-University Contracts

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.

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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: \_\_\_\_\_

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