**Your organization has been identified as a pending subrecipient under
University of Colorado Boulder's Prime Award identified below:**

Prime Sponsor:	
Prime Award Number:	
Project Title:	
Subrecipient Organization/PI:	
CU Subaward Number:	

Our records indicate that you are ***not*** subject to OMB's Audit Circular A-133. When a potential subrecipient is not subject to A-133, Subsection 200.331 ("Subrecipient Monitoring and Management/ Requirements for Pass-Thru Entities") of the Uniform Guidance (2 CFR 200) requires the University of Colorado Boulder to evaluate the subrecipient's administrative ability to properly manage federal funds before a sub agreement can be issued.

To assist CU Boulder in its review of your organization, please have the appropriate person complete this questionnaire in its entirety and email the questionnaire along with any applicable documentation, to ocgsubcontracts@colorado.edu. This form should be completed by your organization's financial officer and signed by an Authorized Official with the authority to make certifications/acknowledgements on behalf of the organization and legally bind the organization to contractual obligations. The information provided will be reviewed and you will be contacted with any questions or requests for additional information. Please note that no sub agreement can be issued until satisfactory documentation has been received, including the organization's most recent financial statements.

If you have any questions, or if your organization is subject to OMB's A-133 Circular, please contact ocgsubcontracts@colorado.edu.

1. Does your organization have its financial statements reviewed by an independent public accounting firm?

   Yes - If yes, please provide a copy of your most recent audited financial statement.

   No - If no, please explain below.

2. Other than financial statements, has any aspect of your organization's activities been audited/inspected within the past two years by a government/regulatory agency or independent public accountant?

   Yes - If yes, please explain below.

   No

3. Does your organization have a negotiated federal indirect cost/F&A rate?

>   Yes - If yes, please attach a copy of the agreement to this form.

>   No - If no, please explain and attach detailed documentation to substantiate rate to this form.

4. Will the subcontractor adhere to CASB regulations under the proposed subcontract? (FAR Part 30)

>   Yes   No

5. Does the subcontractor have a financial management system that provides records that can identify the source and application of funds for award supported activities? (If applicable, refer to FAR 52.216-7.)

>   Yes   No

6. Does the subcontractor's financial management system provide for the control and accountability of project funds, property, and other assets?

>   Yes   No

7. Does the subcontractor have a formal, written personnel policy that addresses:

Pay Rates & Benefits	Yes	No
Time and Attendance	Yes	No
Leave	Yes	No
Discrimination	Yes	No
Conflict of Interest	Yes	No

8. Describe the method that the subcontractor uses to support labor and benefit charges.

9. Does the subcontractor have a formal written travel policy?

>   Yes   No

10. Does the subcontractor have a formal written purchasing procedure?

>   Yes   No

11. Does the subcontractor maintain an inventory system for Government property that identifies purchase date, cost, vendor, description, serial number, location and ultimate disposition data? (Refer to FAR Part 45.)

>   Yes   No

12. Please select your entity type:

> State/Local Government

> Nonprofit Organization: Please provide number of years in operation:

> Hospital

> For-profit Organization: Please provide number of years in operation:

13. Please provide the dollar amount of federal funds awarded to your organization (as the prime awardee) during the last fiscal year:

14. Please provide the dollar amount of federally-funded sub agreements awarded to your organization during the last fiscal year:

15. Has your organization and/or its personnel previously collaborated with The University of Colorado Boulder and/or its personnel?

> Yes   No

The subrecipient hereby certifies as follows:	Yes	No
Subrecipient's financial system is in accordance with generally accepted accounting principles		
Subrecipient has the capability to identify in its accounts all federal awards, including flow-through funds, received and expended and from which federal agency they were received		
Subrecipient maintains internal controls to assure federal awards are being managed in compliance with applicable laws, regulations, and the provisions of contracts, grants, and subawards		
Subrecipient financial system includes budgetary controls that preclude incurring obligations in excess of (a) total funds made available under the award and (b) total funds made available for a budget cost category (e.g. personnel, travel, etc.)		
Subrecipient can prepare appropriate invoices, financial reports and statements, including a schedule of expenditures by federal award		
There are no outstanding audit findings that would impact CU Boulder's funding. (If there are relevant findings, please submit a copy of the most recent report that describes the finding and the steps being taken to correct it)		
Personnel who have the responsibilities of spending, managing, and accounting for the funds awarded are familiar with the applicable cost principles (OMB Circular A-21, FAR part 31.2, etc.) and are able to determine whether costs in connection with federal grants and contracts can be considered to be allocable, allowable, reasonable, and necessary		
Subrecipient has adequate separation of responsibilities so that no one individual has complete authority over an entire financial transaction		
Subrecipient is in compliance with applicable federal law and public policy requirements (such as law and policies governing objectivity in research, civil rights, environmental impact, debarment and suspension, lobbying with federal funds, etc.)		
Subcontractor will make every effort to be in compliance with all requirements of award.		

Information completed by:

Name:	Date:
Title:	Phone:

Signature: