

## MIT Subrecipient Profile Questionnaire (SPQ)

The Subrecipient Profile Questionnaire is required the first time an organization receives subaward funding from the Massachusetts Institute of Technology (MIT). The form is used to assess your organization's financial risk, administrative capacity to manage pass through funding from MIT, and determine the level of oversight required on your award. This information informs internal finance and administrative practices within J-PAL NA/MIT.

Note that in this form, you will see the terms "subrecipient" and "subcontractor" which both refer to your organization.

### ORGANIZATION INFORMATION

Fill out the required information for your organization's name, address, fiscal year, organization type (select from the drop down), number of employees, Employee Identification Number (EIN), Unique Entity ID (UEI), and SAM registration status and expiration date.

- If your organization is registered with [SAM.org](https://sam.gov) you can find your UEI within your account, instructions available [here](#).

If your organization is **not** registered with SAM.org, you do **not** need to complete an entity registration, you need only register for a Unique Entity ID. Instructions for how to obtain a UEI are available [here](#).

### SECTION A - CERTIFICATIONS

1. Indicate how your Facilities and Administration(F&A) rates are calculated
  - a. F&A costs are often also referred to as overhead or indirect costs.
  - b. F&A costs are the general costs required to operate your organization and are not directly tied to a particular project or activity. This includes costs such as Wifi and electric, custodial or maintenance, payroll, general administration, etc.
  - c. Some organizations may have a federally negotiated F&A rate, while others may have their own way of calculating these costs. Please attach a copy of your federally negotiated rate, or include comments in Section D if you use a non-federally negotiated rate.
2. Indicate how your Fringe benefit rates are calculated
3. Indicate if you are considered a small business
4. Indicate if your organization has experience with Federal Assistance Awards, Cooperative Agreements or Contracts
5. Select y/n to the questions about your organization's accounting system

6. Select y/n to the questions about your organization's policies
7. Select y/n to the questions about your history on contract and milestone completion
8. Indicate if you have a conflict of interest policy **but do not complete the second two sections** on PHS or NSF (this is required when projects are funded by the U.S. Public Health Services or the National Science Foundation)
9. Select is/is not to the questions asking if the Project Director or other employees working on the project are debarred or suspended

#### **SECTION C- AUDIT STATUS**

10. Indicate your audit status and **attach a copy of or link to your most recent audit report.**  
If your organization does not obtain annual audits, include a copy of or link to your most recent financial statements.

#### **SECTION D - COMMENTS**

Please include any additional comments in this section. If you were unsure of your answer to any of the above questions, please indicate that here. J-PAL staff can work with you on any changes/corrections that may be needed if you are selected for funding.


**CLEAR FORM**

## SUBRECIPIENT PROFILE QUESTIONNAIRE

*This form is intended to be completed & signed by an organization participating on a MIT project as a Subcontractor*

**Legal Name of Institution/Organization ("Subrecipient"):**

**Name:** \_\_\_\_\_ **Fiscal Year Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZipCode +4:** \_\_\_\_\_

**Subcontractor Organization Type:** \_\_\_\_\_ **# of Employees** \_\_\_\_\_

**UEI No:** \_\_\_\_\_ **Registered in SAM?** Yes No **SAM Reg Expiration date:** \_\_\_\_\_

### SECTION A - Certifications

**1. Facilities and Administration Rates** were calculated based on:

☐ Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept.  
(If this box is checked, please attach a copy of your F&A rate agreement or provide a URL link to the agreement here  
\_\_\_\_\_.)

☐ Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below)

**2. Fringe Benefit Rates** were calculated based on:

☐ Rates consistent with or lower than current/applicable federally-negotiated rates  
(If this box is checked, please attach a copy of your FB rate agreement or provide a URL link to the agreement here  
\_\_\_\_\_.)

☐ Other rates (please specify the basis on which the rate has been calculated in Section D *Comments* below).

**3. Small Business Concern** Yes No

Subcontractor represents that it is a small business concern as defined in 13 CFR 124.1002.

**If "Yes":** Subcontractor represents that it is a:

☐ Small disadvantaged business as certified by the Small Business Administration Women-owned small business concern  
Veteran-owned small business concern

☐ Service-disabled veteran-owned small business concern HUBZone small business concern

**4. Does your organization have experience working under Federal Assistance Awards, Cooperative Agreements or Contracts?**  
\_\_\_\_\_. If **yes**, number of years \_\_\_\_\_.

**5. Does your organization have an accounting system that provides for:**

- ☐ Proper segregation of direct costs from indirect costs? Yes No
- ☐ Identification and accumulation of direct costs by contract? Yes No
- ☐ Accumulation of costs under general ledger control? Yes No
- ☐ A timekeeping system that identifies employees' labor by intermediate or final cost objectives? ☐ Yes ☐ No
- ☐ Exclusions from costs charged to government contracts of amounts which are unallowable under FAR 31, Contract Cost Principles and Procedures, or other contract provisions? ☐ Yes ☐ No

**6. Does your organization have formal, written policies that address:**

Pay rates/benefits?	Yes	No
Time and Effort reporting?	Yes	No
Leave?	Yes	No

Discrimination?	Yes	No
Property/Inventory?	Yes	No
Purchasing?	Yes	No
Travel?	Yes	No

7. In the last three years, have you:

- Been unable to complete a contract according to the prescribed scope and schedule due to working capital or cash flow constraints?  
Yes      No
- Failed to meet a contract milestone or completion date?      Yes      No
- Had a contract terminated for default?      Yes      No      By a Federal agency?      Yes      No
- Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?      Yes      No

8. **Conflict of Interest --Note: Only Complete 8A & 8B for Public Health Service Agency & NSF sponsors described below.**

Subcontractor organization does      does not      have a conflict of interest policy.

**8.A Mandatory for Public Health Service Agencies (PHS), and other Sponsors that have adopted COI requirements in 42 CFR 50, Subpart F.** : <https://www.ecfr.gov/> (PHS sponsors include: NIH, FDA, CDC, SAMHSA, AHRQ, ATSDR, HRSA, IHS.)

- ☐ Subcontractor organization certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research" and has registered as an organization with a PHS-compliant FCOI policy with the FDP Clearinghouse.
- ☐ Subcontractor organization certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research." Subcontractor also certifies that, to the best of Institution's knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with Subcontractor's conflict of interest policy prior to the expenditures of any funds under any resultant agreement.
- ☐ Subcontractor organization does not have an active and/or enforced conflict of interest policy and agrees to implement a policy that meets the requirements of 42 CFR Part 50, Subpart F or the model policy available at: [http://sites.nationalacademies.org/PGA/fdp/PGA\\_061001](http://sites.nationalacademies.org/PGA/fdp/PGA_061001)
- ☐ Subcontractor organization will notify Office of Sponsored Programs Subcontracts Office at [osp-research-subawards@mit.edu](mailto:osp-research-subawards@mit.edu) upon full implementation of such policy.

**8. B For NSF, or other sponsors that have adopted NSF's conflict of interest requirements:**

- ☐ Subcontractor organization certifies it is in compliance with the requirement to maintain a written and enforced policy on conflict of interest and complies with Chapter IV.A. of the NSF Award and Administration Guide.
- ☐ Subcontractor organization acknowledges that failure to have a fully implemented conflict of interest policy may render it ineligible to receive funding from MIT. Subcontractor further acknowledges and agrees, within 15 calendar days of MIT's request, Subcontractor will provide to MIT copies of and/or access to any and all relevant documentation deemed necessary by MIT to establish Subcontractor's compliance with its or MIT's conflict of interest policy.

9. **Debarment and Suspension**

Is the PI or any other employee, contractor or representative participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?      Yes      No  
(If "Yes", explain in Section D *Comments* below)

The Subcontractor organization certifies: (answer all questions below)

Is ☐ Is not ☐ presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts

Has ☐ Has not ☐ been indicted for, or otherwise criminally or civilly charged by a government entity within three (3) years prior to the date hereof, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property

**SECTION C - Audit Status****10. Audit Status**

☐ Organization obtains an annual audit of its financial statements and controls.

Most recent fiscal year completed: FY \_\_\_\_\_

If "Yes" what auditing standards were followed:

☐ Generally Accepted Government Auditing Standards (GAGAS "Yellow Book")

☐ Generally Accepted Accounting Principles (GAAP)

☐ Other (specify)

Were any audit findings reported? (If "Yes," explain in Section D, *Comments*, below.) ☐ Yes ☐ No

**Please attach a complete copy of your most recent audit report or provide the URL link to a complete copy.**

☐ Organization DOES NOT obtain an annual audit. Subcontractor is required to provide a copy of most recent financial statements.

**11. FFATA Executive Compensation Reporting Exempt Status:** *Is your organization considered Exempt from Reporting Executive Compensation under FFATA? ( <https://www.acquisition.gov/far/52.204-10> )* **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**SECTION D - Comments**

**APPROVED FOR SUBCONTRACTOR**

I am an authorized business official of this Organization, and by signing below certify that all of the foregoing responses on this profile are complete, true and accurate. **Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subcontractor's own risk.**

Signature of Subcontractor's Authorized Official

Legal Name of Subcontractor's Organization/Institution

Name and Title of Authorized Official

Address

Email

City, State, Zip

Phone

DUNS or DUNS+4 number

Date

Subcontractor Congressional District

Previously used Business Names (if applicable)

**Is Subcontractor owned or controlled by a parent entity?**☐ Yes ☐ No*If "Yes", please provide the following:*

Parent Entity Legal Name: \_\_\_\_\_

Parent Entity Address, City, State, Zip: \_\_\_\_\_

Parent Entity Congressional District: \_\_\_\_\_

Parent Entity DUNS: \_\_\_\_\_

Parent Entity EIN: \_\_\_\_\_

Upon completion of this form please return with all supporting attachments via email to [osp-research-subawards@mit.edu](mailto:osp-research-subawards@mit.edu).