



Weill Cornell Medical College

Subrecipient Institutional Profile Questionnaire

Please return a scanned electronic document to: subawards-WCMC@med.cornell.edu
If you have any questions about this questionnaire, please feel free to contact the Office of
Sponsored Research Administration at subawards-WCMC@med.cornell.edu.

Subrecipient Institution Legal Name:

Congressional District:

DUNS Number:

EIN:

Fiscal Year Start Date:

Entity Type:

Does Subrecipient have a negotiated Federal Facilities and Administrative rate
(IDC)? Yes No

If yes, please attach a copy of your current rate agreement or the URL. If no, please provide the documentation to substantiate the proposed rate (i.e., breakdown of rate components).

Is Subrecipient required to comply with OMB Circular A-133 and/or Uniform
Administrative Guidance Subpart F §§ 200.501-521? Yes No

<http://www.whitehouse.gov/omb/circulars/a133/a133.html>

<http://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>

If Subject to Federal audit requirements, auditee name filed under:

(Please provide the exact legal name under which your Audit report is filed in the Federal Audit
Clearinghouse Internet site at <http://harvester.census.gov/sac/>))

For your institution's fiscal year ending

Our Federal audit is complete. The Federal audit report reflects:

no material weaknesses, no material instances of non-compliance, and no findings that are either directly related to Joan & Sanford I. Weill Medical College's subaward(s) or that although general can have an adverse impact to Joan & Sanford I. Weill Medical College subaward(s) for the above fiscal year. Therefore, a copy of the audit report is not enclosed.

material weaknesses, material instances of non-compliance or findings that are either directly related to Joan & Sanford I. Weill Medical College subaward(s) or that although general can have an adverse impact to Joan & Sanford I. Weill Medical College subaward(s). Enclosed is a copy of the audit report and the corrective action plan.

Our Federal audit has not been completed. We expect the audit to be completed by:

Within 30 days of completion, we will send you either a written certification (if no instances of non-compliance and no findings are reported), or if material instances of non-compliance or findings are reported that are either directly related to the subawards issued by the Joan & Sanford I. Weill Medical College or, if general, that could have an adverse impact to Joan & Sanford I. Weill Medical College's subaward(s), we will send you a copy of the audit report and corrective action plan.

If not subject to Federal audit requirements, please complete the following section and questionnaire on page 3:

We are not subject to the provisions of OMB Circular A-133 because:

We are a for-profit entity

We expended less than \$500,000 in Federal Funds during the above fiscal year,

We are a non U.S. entity, or

Other (please explain in comments section on page 3)

Signature

Please provide the name and title of the appropriate individual who is able to certify to the accuracy of this completed questionnaire. (E-signature is acceptable.)

Name:

Title:

Signature:

Date:

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE IF NOT SUBJECT TO A-133.

FINANCIAL STATUS QUESTIONNAIRE

1. Does Subrecipient have annual financial statements that have been audited by an independent audit firm? Yes No
2. Does Subrecipient have a financial management system that provides records that can identify the source and application of funds for award-supported activities? Yes No
3. Does the Subrecipient's financial system provide for the control and accountability of project funds, property, and other assets? Yes No
4. Are duties separated so that no one individual has complete authority over an entire financial transaction? Yes No
5. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts? Yes No
6. Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a government agency or independent public accountant? Yes
No
If yes, please explain:

POLICIES AND PROCEDURES

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

Pay Rates and Benefits?	Yes	No
Time and Effort?	Yes	No
Leave?	Yes	No
Discrimination?	Yes	No
Conflicts of Interest?	Yes	No
Travel?	Yes	No

8. Does Subrecipient have a formal written purchasing procedure? Yes No
9. Does Subrecipient maintain an inventory of Government property that identifies purchase date, cost, vendor, description, serial number, and ultimate disposition data? Yes No

CASH MANAGEMENT

10. Are Federal funds deposited in a separate bank account or accounted for through grant/loan fund control accounts? Yes No

11. Are all disbursements properly documented with evidence of receipt of goods or performance of services? Yes No

12. Are all bank accounts reconciled monthly? Yes No

PAYROLL

13. Does the Subrecipient have a system to track employee time and effort allocated to external research awards? Yes No

14. Are payroll charges checked against program budgets? Yes No

INDIRECT COSTS

15. Does the Subrecipient have an indirect cost allocation plan or a negotiated indirect cost rate? Yes No

If yes, please provide a copy of this rate plan.

16. Does the Subrecipient have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants? Yes No

Signature

Please provide the name and title of the appropriate individual who is able to certify to the accuracy of this completed questionnaire. (E-signature is acceptable.)

Name:

Title:

Signature:

Date: