



LOMA LINDA UNIVERSITY

Subrecipient Financial Questionnaire

Research Affairs Financial Management

24887 Taylor Street, Suite 202, Loma Linda, CA 92350

Ph (909) 558-4589 | Fax (909) 558-0199 | Email: rafm@llu.edu

Our records indicate that your organization as not previously been subject to an annual audit under OMB Uniform Guidance Subpart F and was a subrecipient of funds awarded to Loma Linda University during the past fiscal year, or is currently being considered for receipt of a subaward under such funds. OMB Uniform Guidance requires Loma Linda University to ensure that your organization is in compliance with the federal regulations. **Please complete this form and provide the required information to the address above within ten (10) days of receipt. This form must be returned before a subaward or amendment can be executed.**

Subrecipient Legal Name

LLU Principal Investigator/Project Director

Subrecipient Principal Investigator

Most Recently Completed Fiscal Year

from _____ to _____

Yes No Is your organization subject to an annual audit in accordance with OMB Uniform Guidance Subpart F?

If "Yes," please provide the following information and complete the certification section at the end of this form.

Federal Audit Clearinghouse (FAC) Look-up Information (<https://harvester.census.gov>)

Auditee Name:

Auditee EIN:

If "No," please complete questions 1 - 10:

1. We are **not** subject to OMB Uniform Guidance because (select all that apply):

- Our organization is for-profit.
- Our organization expended less than \$750,000 in Federal Awards in the fiscal year indicated above.
- Our organization is foreign (not formed under U.S. laws), or another exception applies (explain):

2. Are duties separated so that no single individual has complete authority over an entire financial transaction?

- Yes No N/A

3. Have annual financial statements been audited by an independent firm? If yes, provide a copy of the statements for the most current fiscal year, or provide the URL:

- Yes No

4. Does the organization have a financial management/accounting system that provides records that can identify the source and application of funds for award-supported activities?

- Yes No

5. Does the financial system provide for the control and accountability of project funds, property, and other assets?

- Yes No

6. Are expenditures documented with receipt of goods or performance of services and reconciled against bank statements?

- Yes No

7. Does the organization have policies that address the following (if yes to any of the below, please attach a copy of the relevant policy, or provide the URL):

- | | | | |
|---------------------|--|-----------------------|--|
| Payroll Charges | <input type="checkbox"/> Yes <input type="checkbox"/> No | Conflicts of Interest | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Time and Attendance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Travel | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Paid Leave | <input type="checkbox"/> Yes <input type="checkbox"/> No | Purchasing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Discrimination | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

8. Describe the method used to support labor and benefit charges (e.g. payroll system, QuickBooks, Excel database, etc.):

9. Is inventory of Government property maintained? Records should identify purchase date, cost, vendor, description, serial number, location, and ultimate disposition data.

- Yes No

10. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? If yes, please attach a copy of the plan or rate agreement, or provide the URL:

- Yes No

I certify that the information provided above is true and correct.

Signature of Authorized Official

Printed Name & Title

Date

LLeRA: