

**Subrecipient Risk Assessment Questionnaire**

**Office of Research Administration  
New York Medical College  
40 Sunshine Cottage Road  
Valhalla, NY 10595  
Phone: 914-594-2600  
Email: ora@nymc.edu**

Subrecipient Name: \_\_\_\_\_  
Subrecipient PI: \_\_\_\_\_  
NYMC PI: \_\_\_\_\_  
Prime Sponsor: \_\_\_\_\_  
Proposal Title: \_\_\_\_\_  
Performance Period:  
Begin: \_\_\_\_\_  
End: \_\_\_\_\_

As a recipient of Federal awards, New York Medical College is subject to PART 200—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS. This form allows New York Medical College to monitor its subrecipients and determine whether they are in compliance with the requirements of the guidance.

Please review and complete the below information. This form should be returned with the accompanying subaward/subcontract documents to ora@nymc.edu.

Our Fiscal Year ends on \_\_\_\_\_ (MM/DD), the most recently completed audit is for Fiscal Year \_\_\_\_\_(YYYY).

Please indicate below whether your organization is subject to the Single Audit Act, and if so, the status and location of your most recent audit report.

( ) Subrecipient is subject to audit requirements of the Single Audit Act. (Please check appropriate statement 1-5 below indicating status of required audit.)

- ( ) 1. Audit completed; no material weaknesses, instances of non-compliance, or findings were found.
- ( ) 2. Audit completed; material weaknesses, and/or instances of non-compliance and/or findings were noted that are related to subaward(s) from New York Medical College.
- ( ) 3. Audit completed; material weaknesses, and/or instances of non-compliance and/or findings were noted but the noncompliance and/or findings are not related to any subaward(s) from New York Medical College.

4. Audit not completed. Anticipated completion date \_\_\_\_\_. Notification of the results will be sent to the New York Medical College within 30 days of its completion.
5. Subrecipient certifies that it did not expend \$750,000 or more in Federal awards for the subject fiscal year, therefore no audit is required, and no audit was performed.

For responses 1 – 3 above:

Has this audit report been filed with the Federal Audit Clearinghouse (FAC)?

Yes or  No

Required: The entire audit report is available at the following web address:

\_\_\_\_\_

(If not available on the internet, please send a digital or hard copy with this form)

**Subrecipient certifies that it is a commercial or foreign entity not subject to the Single Audit Act.**

**Required:** Please provide a copy (or web address) of your most recently completed financial statement/internal control audit.

Webaddress: \_\_\_\_\_

**Indicate the Subrecipient Organization Type from the following:**

- College/University/Medical Center
- Other Non-Profit Entity
- For-Profit Corporation

**Is the Subrecipient Research Oriented:**  Yes or  No

**Indicate whether the Subrecipient is a Domestic or Foreign Entity:**

- Domestic Entity
- Canada, US Territories Entity
- All Other International Entity

**Is the Subrecipient a Subsidiary of another Entity or part of a State System of Higher Education:**  Yes or  No :

If yes, provide name of Parent/State Entity: \_\_\_\_\_

**Number of years in existence:** \_\_\_\_\_

**Previous subawards with the New York Medical College?**  Yes or  No :

I certify that the box(es) checked above, and responses are appropriate for the organization for which I am a representative. Further, I certify that all relevant material findings contained in the audit report have been disclosed.

**AUTHORIZED OFFICIAL**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Congressional Dist. No. \_\_\_\_\_

EIN \_\_\_\_\_

DUNS No. / (DUNS+4 if applicable) \_\_\_\_\_

Date \_\_\_\_\_

If your organization is not subject to a Uniform Guidance Audit, please fill out the following questionnaire.

**Financial Status Questionnaire**

**General Information**

1. Is your organization a for-profit organization? \_\_\_Yes \_\_\_No
2. Does your organization have its financial statements reviewed by an independent public accounting firm? (If no, please provide a copy of the most recent financial statements for your organization). \_\_\_Yes \_\_\_No
3. Other than financial statements, has any aspect of your organization's activities been audited within the last two years by a government agency or an independent public accountant? (If yes, please provide a copy of audit report). \_\_\_Yes \_\_\_No
4. Are duties separated at your organization so that no one individual has complete authority over an entire financial transaction? \_\_\_Yes \_\_\_No
5. Does your organization have a financial management system that can identify the source and application of funds for award supported activities? \_\_\_Yes \_\_\_No

**Cash Management**

1. Are all cash disbursements properly documented with supporting evidence of receipt of goods or performance of services? \_\_\_Yes \_\_\_No
2. Are all bank accounts reconciled monthly? \_\_\_Yes \_\_\_No

**Payroll**

1. Are all payroll charges checked against program/ award budgets? \_\_\_Yes \_\_\_No
2. What payroll system does your organization use to control paid time, especially time charged to sponsored agreements? \_\_\_\_\_

**Procurement**

1. Are there procedures in place to ensure procurement at competitive prices? \_\_\_Yes \_\_\_No
2. Is there an authorization/approval process for all travel expenditures? \_\_\_Yes \_\_\_No

3. Is there an authorization/approval process for all capital equipment expenditures?  
\_\_\_Yes \_\_\_No

**Billing**

1. Are there controls in place to ensure that invoices submitted to pass-through entities do not include expenditures for:

A. Goods yet to be received? \_\_\_Yes \_\_\_No

B. Services yet to be performed? \_\_\_Yes \_\_\_No

**Indirect Cost / Fringe Benefits**

1. Does your organization have a negotiated indirect cost rate? (If YES, please provide copies of any negotiated indirect cost rate agreements). \_\_\_Yes \_\_\_No

2. Does your organization have a negotiated fringe benefit agreement? (If YES, please provide copies of any negotiated fringe benefit agreements). \_\_\_Yes \_\_\_No

3. Does your organization have procedures to ensure that consistent controls are applied in the distribution of charges to all grants, contracts, and cooperative agreements? \_\_\_Yes \_\_\_No  
(Please summarize the procedures below)

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**AUTHORIZED OFFICIAL**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Congressional Dist. No. \_\_\_\_\_

EIN \_\_\_\_\_

DUNS No. / (DUNS+4 if applicable) \_\_\_\_\_

Date \_\_\_\_\_