

New Mexico Institute of Mining and Technology

Subrecipient Pre-Award Status Questionnaire For: _____
Organization/Company Name

Instructions: This form is to be completed by an authorized business official of organizations that may be entering into a Subrecipient relationship with NMIMT. Return your response (including required attachments at the end of this form) by either E-mail or fax to the NMIMT Principal Investigator or his/her designee.

Signature of Person Completing this form: _____

Name & Title: _____ **Phone & Email:** _____

General Information	
1. Does your organization have its financial statements reviewed by an independent public accounting firm? <i>(Provide a link to your Website or enclose a copy of the most recent financial statements for your organization, audited or unaudited.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are duties separated so that no one individual has complete authority over an entire financial transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts? <i>If yes, how long have they been in place? <input type="checkbox"/> < 3 years <input type="checkbox"/> > 3 years</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Other than financial statements, has any aspect of your organization's activities been audited within the last 2 years by a governmental agency or independent public accountant? <i>(Provide a copy of any recent external audit report.) If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash Management	
1. Are all disbursements properly documented with evidence of receipt of goods or performance of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are all bank accounts reconciled monthly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payroll	
1. Do you have written policy that addresses pay rates, benefits, time and attendance, and leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are payroll charges checked against program budgets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your organization use a system to control paid time, especially time charged to sponsored agreements? <i>If yes, what system and provide a brief explanation:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procurement of Goods and Services	
1. Are written procedures to ensure procurement of goods and services at competitive prices? <i>If yes, attach written procedures or provide a link to the website:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there a system of authorization and approval of capital equipment? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a system of authorization and approval of travel? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Property Management	
1. Are detailed records of individual capital assets kept and annually balanced with the general ledger accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there procedures for authorizing and accounting for the disposal of property and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are detailed property records checked by physical inventory at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your organization have a policy concerning capitalization and depreciation? <i>If yes, provide a copy of policy or link to the website:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Transfers	
1. Does the organization ensure that all cost transfers are legitimate and appropriate? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indirect Costs	
1. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? <i>If yes, provide a copy of any negotiated indirect cost rate agreement or link to the website:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Sharing	
1. How does the organization determine that it has met cost sharing goals? <i>Explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance	
1. Does your organization have a written policy of nondiscrimination and a system for complying with Federal civil rights requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your organization have a written policy that addresses conflict of interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the organization have procedures that provide assurance that consistent treatment is applied in the distribution of costs to all grants, contracts and cooperative agreements? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your organization have a system for subrecipient monitoring? <i>If yes, explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your organization have a cash forecasting process which will minimize the time elapsed between the disbursement of funds and the requesting of funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has your organization received grants, contracts or cooperative agreements from NMIMT? <i>If yes, list on a separate page awards of similar scope and nature within the past 5 years (include award title, amount, project period, and NMIMT Principal Investigator).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attachments (Unless Website has been provided above)	
1. Report of Financial Statements, Audited or Unaudited	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. External Review or Audited Report of Recent Financial Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Indirect Cost Rate Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. List of Awards from NMIMT	<input type="checkbox"/> Yes <input type="checkbox"/> No