**UNIVERSITY OF VIRGINIA .**

**SUB-RECIPIENT MINI-AUDIT QUESTIONNAIRE . .**

A Subrecipient (Subcontractor or Subawardee) is a third-party organization that receives funding from the University of Virginia to collaborate in carrying out an externally funded program. The University is responsible for monitoring the programmatic, financial, and conflict of interest (COI) status of its Subrecipients. This is accomplished through various means.

The first step in the monitoring process is to ensure that any potential Subrecipient possesses the following capabilities:

* Has internal controls which provide reasonable assurance that the use of resources is consistent with laws, regulations, and award terms
* Is able to safeguard resources against waste, loss, and misuse
* Will obtain, maintain, and fairly disclose reliable data in reports

If a non-profit Subrecipient expends less than $750,000 per fiscal year in United States Federal Government Funds they are not subject to the audit requirements set forth in Uniform Guidance Subpart F (the “Uniform Guidance”). For-profit Subrecipients also are not subject to the Uniform Guidance audit requirements. For these Subrecipients the University requests that the Subrecipient complete a mini-audit questionnaire in lieu of an audit under the Uniform Guidance.

Your organization has been deemed to fit into one of these categories except from the Uniform Guidance audit requirement, and must complete the following mini-audit questionnaire. If this information is not correct and your organization has participated in an audit under the Uniform Guidance, it is your responsibility to inform the University's representative of this fact via email to [ospsub@virginia.edu](mailto:ospsub@virginia.edu). Questions about the mini-audit questionnaire also should be directed to this address.

The questions on the mini-audit questionnaire should be answered in English by the Independent Auditor (CPA) or Chief Financial Officer (CFO) of your organization. Please attach a copy of your most recently audited financial statement in English with this questionnaire. **Note: No Subagreement will be issued by the University until both the completed Mini Audit Questionnaire and the organization's most recent financial statement have been provided.**

Through this Mini Audit Questionnaire (MAQ), your institution certifies that its financial system is in accordance with generally accepted accounting principles and:

* Has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received;
* Maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations, and the provisions of contracts or grants;
* Complies with applicable laws and regulations;
* Can prepare appropriate financial statements, including the schedule of expenditures of federal awards

**Organization’s business information:**

Organization Legal Name: Click here to enter text.

Physical Address (no PO Box): Click here to enter text.

City, State, Zip+4: Click here to enter text.

Phone: Click here to enter text. Duns # Click here to enter text.

URL: Click here to enter text.

**Sub-recipient business status**

Large Business

Institute of Higher Education

Alaska Native Corporation (ANC)

Historic Black College or University/Minority

Small Business:

Small Disadvantaged Business (SDB)\*

Small Minority Business (SMB)\*

HUBZone Small Business\*

Women-owned small business (WOSB)

Veteran-owned small business (VOSB)

Service-disabled veteran-owned small business (SDVOSB)

(\**certified by the Small Business Administration)*

**GENERAL INFORMATION**

1. Does your organization have its financial statements reviewed by an independent public accounting firm?

Yes  No

If so, please provide a copy of your most recent audited financial statement with this questionnaire.

1. Are duties segregated so that no one individual has complete authority over an entire financial transaction?

Yes  No

1. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?

Yes  No

1. 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 provide copy of Auditor Report, and Management Response if applicable due to audit findings.

Click here to enter text.

1. How many full time employees at your organization? Click here to enter text.
2. How any part-time employees at your organization? Click here to enter text.

**CASH MANAGEMENT**

1. Are U.S. Federal Government funds deposited in a separate bank account?

Yes  No

1. Are U.S. Federal Government funds accounted for through grant-loan fund control accounts?

Yes  No

1. Are all disbursements properly documented with evidence of receipt of goods or performance of service?

Yes  No

1. Are all bank accounts reconciled monthly?  Yes  No

**PAYROLL**

1. Are payroll charges checked against program budgets?  Yes  No
2. What system does your organization use to control paid time, especially time charged to sponsored agreements?

Click here to enter text.

**PROCUREMENT**

1. Are there procedures to ensure procurement at competitive prices?  Yes  No
2. Is there an effective system of authorization and approval of
   1. Capital equipment expenditures  Yes  No
   2. Travel expenditures  Yes  No

**PROPERTY MANAGEMENT**

1. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?  Yes  No
2. Are there effective procedures for authorizing and accounting for the proper disposal of property and equipment?  Yes  No
3. Are detailed property records periodically checked by physical inventory?  Yes  No
4. Briefly describe the organization’s policies concerning capitalization and depreciation.

Click here to enter text.

**COST TRANSFERS (moving expenditures between accounts) .**

1. How does the organization ensure that all cost transfers are legitimate and appropriate?

Click here to enter text.

**INDIRECT COSTS**

1. Does the organization have an indirect cost allocation plan or a U.S. Government federally negotiated indirect cost rate agreement?  Yes  No Please provide the rate agreement or an explanation (additional information) below.

Click here to enter text.

1. Does the organization have procedures IN PLACE which provide assurance that consistent treatment is applied in the distribution of charges to all grants?  Yes  No

**COST SHARING (other source funding used for the completion of this project) .**

1. How does the organization determine that it has met cost-sharing goals?

Click here to enter text.

**COMPLIANCE**

1. Does your organization engage in any lobbying or partisan political activity which is charged, directly or indirectly, to a federally assisted program?  Yes  No
2. US Institutions only: Does your organization have a formal system for complying with the Davis-Bacon Act which requires payment of prevailing wages on federal contracts?  Yes  No
3. Does your organization have a formal policy of nondiscrimination and a formal system for complying with U.S. Federal civil rights requirements?  Yes  No
4. Does your organization have a cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursements of those funds?  Yes  No
5. Is your organization familiar with U.S. Government Federal financial reports so that they will be completed in an accurate and timely manner when required?  Yes  No
6. Under which program(s), if any, does your organization receive U.S. Government Federal student financial assistance funds?

Click here to enter text.

1. What was the dollar volume of U.S. Federal Government awards to your organization during the last fiscal year? By Agency and dollar amount.

Click here to enter text.

**ATTACHMENTS .**

Recent Financial Statements external review

Audit Report

Management Letter (if audit findings in Audit Report)

Indirect Cost Rate Agreement

**CERTIFICATION & CONTACT INFORMATION**

I certify that I have completed this Mini Audit Questionnaire five (05) pages in its entirety, and that all the information provided regarding my organization’s finances and fiscal policies, in this document, and any attached documentation, is true and correct.

Name, Title and Department of person completing MAQ

Signature & Date

Institution Legal Name: Click here to enter text.

Address, City, State, Zip + 4

**For questions, please contact:**

Name and Title: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.