

SUBRECIPIENT QUESTIONNAIRE Required for organizations not subject to OMB Single Audit / A-133

	NAME:		
UBAWARD AMOUNT: _		PRIME AWARD NO.:	
UBMITTED PROPOSAL	TITLE:		
	BEGIN DATE:	END DATE:	
Questionnaire			-
		udit / A-133 performed, please answer the following questions uidelines associated with our subaward to you.	so we may document you
		00 (if subject to UG) in its most recently completed fiscal year? OR	Yes No
	≥ \$500,00	00 (if subject to A-133) in its most recently completed fiscal year?	Yes No
Subrecipient is a:	Non-profit entity (under fede	eral funding threshold)	
	Foreign entity	•	
	For-profit entity		
	Government entity		
	dge of 2 CFR §200 (Uniform Guidan I guidelines applicable to the subawa	nce) or OMB Circulars A-21 Cost Principles and A-110 Administra rd?	tive Requirements and
Yes No			
		e costs deemed unallowable for this subaward are excluded from the y of Hawai'i (RCUH), if applicable)?	e amount billed to the
4. How do you ensure of	lirect and indirect costs are identified	and billed in a consistent manner, per the above noted federal guid	delines?
	ersity (via RCUH, if applicable) in act	dvance or after actual expenditures have been incurred?	
		and account for the expenditures that relate to this subaward?	
	<u> </u>	-	
(Type or print name an	d title of Subrecipient's Authorized O	Official) (Signature of Subrecipient's Authorized Official)	Date