**Attachment 7**

**IBTCI Subcontractor Checklist**

## Basic Company Profile

Legal Company Name/Registered Business Name:

Company Address:

City: State/Province:

ZIP/ Postal Code: Country:

Telephone Number: Fax Number:

Contact Name:

Contact Title:

Contact email:

Financial Contact Name:

Financial Contact Title:

Financial Contact email:

[D&B D-U-N-S Number:](http://fedgov.dnb.com/webform)

Registered in U.S. Government’s System for Award Management [(SAM)](https://www.bpn.gov/ccr/default.aspx)? Yes [ ]  No [ ]

([www.sam.gov](http://www.sam.gov))

Corporate Website Address:

Business Classification

 [ ] Nonprofit

 [ ] Educational Institution

 [ ] For profit business

Is company a subsidiary or owned by another company? If so:

Parent Company Name:

Parent EIN:

Do you have business registration? Yes [ ]  No [ ]

If yes, please provide a current copy.

Does your business has Tax Identification number (TIN)? Yes [ ]  No [ ]

If yes, please provide a copy of your TIN.

Approximately how many employees do you currently employ?

Full-time: Part-time:

In which geographic region(s) do you work? Please provide a representative sample of countries and/or areas:

Please describe the service(s)/product(s) that you offer.

Have you previously provided services on USAID-funded projects? Yes [ ]  No [ ]

If yes, please list up to three of your most recent projects, including project name, country, total contract value and if you were the subcontractor or prime contractor:

What currency does your organization use to conduct its business activities?

Does your organization use indirect cost rates? Yes [ ]  No [ ]

If yes, please provide a copy of your indirect cost rate calculation.

Do you have a Negotiated Indirect Cost Rate Agreement (NICRA)? Yes [ ]  No [ ]

If yes, please provide a current copy.

How are your transactions recorded?

Manual ledger system – indicate ledgers used:

Computerized system – indicate software used:

Does your organization have a written accounting policies and procedures manual?

Yes [ ]  No [ ]

Does your accounting system segregate direct costs from indirect costs? Yes [ ]  No [ ]

If yes, please provide a copy of your indirect cost rate calculation.

Are you familiar with the cost principles (Federal Acquisition Regulations Part 31.2, 2 CFR 200: Subparts E- Cost Principles; Subpart F- Audit Requirements as appropriate) and procedures for the determination and allowance of costs in connection with federal grants and contracts? Yes [ ]  No [ ]

Is your institution's accounting system designed to detect errors in a timely manner? Yes [ ]  No [ ]

Are all financial transactions approved by an appropriate official? Yes [ ]  No [ ]

Does your institution use a payment voucher system or some other procedure for the documentation of approval by an appropriate official? Yes [ ]  No [ ]

Does your institution require supporting documentation (such as original receipts) prior to payment for expenditures? Yes [ ]  No [ ]

Does your institution require that such documentation be maintained over a period of time? If yes, how long are such records kept? Yes [ ]  No [ ]

Are different individuals within your institution responsible for approving, disbursing, and accounting of transactions? Yes [ ]  No [ ]

Are the functions of checking the accuracy of your accounts and the daily recording of accounting data performed by different individuals? Yes [ ]  No [ ]

If yes, please provide details:

Are you familiar with the U.S. Government’s cost principles (Federal Acquisition Regulations Part 31.2) and procedures for the determination and allowance of costs in connection with federal contracts?

Yes [ ]  No [ ]

Is a separate bank account maintained for contract/project fund? Yes [ ]  No [ ]

If a separate account is not maintained, can the project/contract funds and related expenses be readily identified? Yes [ ]  No [ ]

Is your organization audited on an annual basis? Yes [ ]  No [ ]

If yes, please attach a copy of the audited financial statements (including a Balance Sheet and Income Statement) for the last two fiscal years.

If no, has your organization ever been audited?

If you do not have a current audit of your financial statements, please provide this office with a copy of the following financial statements, if available:

* A Balance Sheet for the most current and previous year; and
* An Income Statement for the most current and previous year;
* A Cash Flow Statement for the most current and previous year.

Are there any circumstances that would prevent your institution from obtaining an audit?

Yes [ ]  No [ ]

If yes, please provide details:

**Local Subcontractors Information**

**To be filled by local subcontractors ONLY**

## Financial Information

1. What are the beginning and ending dates of your organization’s fiscal year?

From (month/day): To (month/day):

1. Please provide the following financial information based on your organization’s most recent completed fiscal year.

Revenues: USD $ Local Currency \_

Expenses: USD $ Local Currency \_

Assets: USD $ Local Currency \_

Liabilities: USD $ Local Currency \_

Exchange rate: \_ = USD $1.00

If yes, please provide a copy of your indirect cost rate calculation.

## Fund Control and Accounting System

1. Is there a chart of accounts? Yes No
2. Is a double entry accounting system used? Yes No
3. On what basis are your financial reports issued? Cash: Accrual
4. How often are financial reports prepared:

Monthly Quarterly Annually Not prepared (please explain)

1. Are timesheets used to record employees’ total direct and indirect time charges?

Yes No

If yes, please attach a copy of the timesheet.

1. Does your accounting system identify the receipt and expenditure of funds separately for each grant and/or contract?

Yes No

1. Does the accounting system provide for the recording of grant/contract costs according to categories of the approved budget?

Yes No

1. Is a separate bank account maintained for grant/contract funds?

Yes No

1. If a separate account is not maintained, can the grant/contract funds and related expenses be readily identified?

Yes No

1. Are reconciliations between bank statements and accounting records performed monthly and reviewed by an appropriate individual?

Yes No

# Internal Controls

Internal controls are procedures which ensure that: 1) financial transactions are approved by an authorized individual and are consistent with U.S. laws, regulations and your institution's policies; 2) assets are maintained safely and controlled; and 3) accounting records are complete, accurate and maintained on a consistent basis. Please complete the following questions concerning your institution's internal controls.

1. Does your institution maintain a record of how much time employees spend on different projects or activities? If yes, how?

Yes No

1. Do you maintain inventory records for your institution's equipment? If no, explain.

Yes No

1. How often do you check actual inventory against inventory records?

## Agreement

I have read, agree and affirm that all of my statements and information provided in this application are true and complete. I acknowledge that false, undisclosed, incomplete or misleading information herein may constitute grounds for disqualification as a vendor to IBTCI.

Signed: \_ Name:

Title:

Date: