



Subawards/Subrecipients



A subaward is an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of an award received by the pass-through entity.

A subrecipient is a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a program, but does not include an individual that is a beneficiary of the program.



Subrecipient vs. Contractor

Subrecipient	Contractor
Determines who is eligible to receive federal assistance	Provides goods and services within normal business operations
Has its performance measured in relation to whether objectives of a program were met	Provides similar goods and services to many different purchasers
Has responsibility for programmatic decision making	Normally operates in a competitive environment
Uses the funds to carry out a program for a public purpose specified in authorizing statute	Provides goods or services that are ancillary to the operation of the program



Things to Keep in Mind

Monitoring

Uniform Guidance 200.331 requires a risk analysis for all subawardees.

A risk assessment should be performed at a minimum of annually if the agreement will be more than one year. May be required more often if there is an increase in the budget because of carryover or other increase of 25% or more.

Needed for a risk assessment: Completed risk assessment form, completed subrecipient questionnaire, audit documents, and SAM.Gov active registration.

Information on the LSU Health Sciences Center Monitoring Policy can be found here:

https://www.lsuhscc.edu/administration/accounting/sp_subrecipient_monitoring.aspx

Risk Assessment

Example of the blank risk assessment form;

PI/Department completes the top and lines 1-7; Remainder will be completed by Sponsored Projects

The form will be sent back to you signed with the level of risk assessed. The completed risk assessment should be uploaded into the Contracts Database along with all other requested documents to execute the subaward.

PeopleSoft Project Number:		Subaward Funding Amount Issued			
Federal Awarding Agency:		Is this an Increase of over 25% in current year funding: Yes _____ No _____			
Federal Award Number:		Is this an Increase due to Carry Over: Yes _____ No _____			
Funding Budget Period:		Subrecipient Cost Sharing (if applicable): Yes _____ No _____			
		If Cost Sharing, please provide amount: _____			
Please put an "X" next to your selection. Department/PI has to complete the following rows: 1 to 7					
Responsibility	Criteria	Lower Risk	Medium Risk	Higher Risk	References
1 PI	LSU's PI's prior experience with the subrecipient	Previous experience with no concerns	Previous experience with minor concerns or new collaborating organization	Previous negative experience, such as failure to meet performance goals, etc.	
2 PI	SOV and Deliverables	Sub SOV is easy to perform and progress is easy to assess through periodic reports and	Sub's failure to meet its deliverables would necessitate a change in project	Project success relies on Sub performance; no reporting until end of the project or no measurable	
3 PI	Relationship Between LSU PI and Subrecipient PI	LSU PI has prior collaborations with the Sub PI	Sub PI is an established researcher but has no prior collaboration with LSU PI	No prior collaboration between LSU PI and sub PI and Sub PI is not an established researcher	
4 Department	Organization Type	University or Non-profit subject to federal audit requirements	University or Non-profit not subject to federal audit requirements	Industry or other for-profit organization not subject to federal or other audit regulations	Q1, Q6, Q15
5 Department	Maturity of Organization	Mature (more than 10 years)	Mature, but not research oriented; or established (3-10 years) with sufficient fiscal controls	1-3 years of operations with limited fiscal controls, or a start-up with no fiscal controls in place yet	A, Q5, Q11-Q12, Q16-Q18
6 Department	Cost Sharing	No committed cost sharing	Subrecipient has committed moderate cost sharing	Subrecipient has committed substantial amount of cost sharing	
7 Department	Compliance (e.g. IACUC/IRB/IEC)	No compliance issues	Sub has mechanism in place to ensure compliance, but there are some concerns	Sub has no mechanism to ensure compliance; project involves export control	Q9, Q10
8 SP	LSU's prior experience with the subrecipient (Fiscal)	Previous positive experience	Previous experience with minor concerns or new subrecipient	Previous negative experience, such as failure to comply with Federal awards/Federal subawards T's&C's, etc.	
9 SP	Subrecipient's audit results	Has annual single audit with unqualified opinion (i.e. no audit findings)	Has annual third-party financial audit with unqualified opinion (i.e. no audit findings)	Has had no audit performed or has identified audit findings and/or material weakness in either of the two preceding fiscal years.	Q6, Q7, Q15
10 SP	Extent and results of Federal awarding agency monitoring or PTE monitoring	Has on-going direct Federal awards, including direct awards from the same Federal awarding Agency	Has on-going direct Federal awards but no direct awards from the awarding Federal Agency OR has no direct federal awards but has other indirect federal	Currently has no Federal direct or indirect awards	Q8
11 SP	Subrecipient's Prior Experience with Managing	Subrecipient has adequate prior experience with managing direct federal awards	Subrecipient has limited prior experience with managing direct federal awards	Subrecipient has no prior experience with managing direct federal awards	Q6, Q14
12 SP	Subrecipient's New or Substantially Changed System	Existing system	Changed system but not substantial	New or substantially changed system	Q13



Levels of Risk

Level	Requirements
Low Risk	Low risk of audit; Sponsored Projects reserves the right to request an annual desk audit
Medium Risk	Could be rated medium if there has never been a collaboration between LSUHSC and the subrecipient; Sponsored Projects reserves the right to request an annual desk audit
High Risk	Sponsored Projects requires full documentation on each invoice submitted as well as completed Certificate of Subrecipient



Desk Audit

Desk Audit
LSU Health Sciences Center – New Orleans
[LSUHSC Subrecipients Monitoring Policy](#)

Date:

LSUHSC Project #:

LSUHSC Principal Investigator:

LSUHSC Department:

Name of Federal awarding agency:

Award Number:

Subrecipient Name:

Subrecipient's Senior Investigator:

Audited Subrecipient Invoice #

Audited Invoice Period Covered

Audited Invoice Amount:

Attachments Needed:

Supporting documents for audited invoice

Certificate of Sub-recipient Certification

I certify that I have reviewed the supporting documents and the Indirect Cost and Fringe Benefit calculations invoiced to LSUHSC- NO. The expenses on the invoice are allowable, allocable, and appropriate under the guidelines of the subaward and federal award.

Print name Signature Date

Revised 12/9/15

Requirements for a Desk Audit:

1. Completed desk audit form (example included here)
2. Fully approved invoice being audited
3. Ledgers and/or backup to support the invoice expenditures
4. Fully approved Certificate of Sub-Recipient form (to be completed and signed by the subrecipient)



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