STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Subrecipient Questionnaire

This questionnaire is used to help determine a subrecipient organization's financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. Please complete the following questionnaire and submit all related documents as necessary.

SECTION A: GENERAL INFORMATION	
Project Title:	
Point of Contact for matters concerning this project:	Name: Address: Phone: Fax: Email: URL: DUNS #: EIN: Reg. in SAM? Yes ◯ No ◯ Number of Employees: Exp. Date of Current SAM Registration: _____

SECTION B. SUBRECIPIENT ELIGIBILITY

Is your organization or your organization's principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency?

◯ Yes ◯ No

If yes, please skip the rest of the questionnaire, sign and return the questionnaire with the Project Evaluation Packet.

SECTION C. SUBRECIPIENT ORGANIZATION INFORMATION (please fill out the information below, as appropriate)

1. Type of organization (check all that apply):

◯ University ◯ Government Entity ◯ Foundation
◯ Non-Profit Org ◯ For-Profit Org ◯ Other _____

2. Fiscal year dates (month and year):

3. Name of designated federal cognizant agency, if applicable:

4. Negotiated Indirect Cost Rate:

Yes No URL: _____

If yes, please provide a copy of your current agreement or the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2 CFR 200.414; or, the maximum allowable percentage of administrative expenses according to the funding source.

5. Fringe Benefit rate:

Yes No URL: _____

If yes, please provide a copy of your current fringe benefit rate memorandum or provide the URL.

6. Has organization received in the past the same or similar Federal subawards to the current subaward? (2 CFR 200.331)

Yes No

If yes, subrecipient hereby agrees to provide further documentation upon request.

7. Does organization have on-going direct Federal awards? (2 CFR 200.331)

Yes No

If yes, is the awarding agency currently monitoring subrecipient activity?

Yes No

If yes, please describe:

8. Please certify policies and/or procedures exist that address the following:

Pay Rates and Benefits Conflict of Interest Purchasing

Time and Attendance Travel Equipment & Inventory

Leave

By signing this document, subrecipient certifies that policies and/or procedures shown above are in place. If not, then subrecipient agrees to abide by the State's policies and/or procedures.

9. Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?

Yes No N/A

10. Has any new system been recently put in place or has there been any change to the existing system (e.g., accounting, information, management, etc.)? (2 CFR 200.331)

○ Yes ○ No

If yes, please explain:

11. Does organization have any new personnel (e.g., key personnel, financial management, grants management, IT management, or other staff serving in grants administration role)? (2 CFR 200.331)

○ Yes ○ No

If yes, please explain:

12. Has organization in the preceding fiscal year expended any federal funds in either direct or indirect Federal awards?

○ Yes ○ No

If yes, please indicate the expenditure amount:

13. Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most current fiscal year.

○ Yes ○ No

14. Does organization adhere to Subpart E Cost Principles of 2 CFR 200 under the proposed subaward?

○ Yes ○ No ○ N/A

15. Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?

○ Yes ○ No

16. Does the financial system provide for the control and accountability of project funds, property, and other assets?

Yes No

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

Yes No

If no, please explain below:

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

Yes No

If no, please explain below:

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

Yes No

If no, please explain below:

20. Are all bank accounts reconciled monthly?

Yes No

If no, please explain below:

21. Are payroll charges checked against program budgets?

Yes No

If no, please explain below:

22. What system does your organization use to control paid time, especially time charged to sponsored agreements?

23. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all sponsored agreements, grants and contracts?

Yes No

If no, please explain below:

24. Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?

Yes No

If no, please explain below:

25. Describe your organization's procedures to ensure that costs deemed unallowable, per Federal guidelines (2 CFR 200), are excluded from the amount charged to a grant?

26. Are there procedures to ensure procurement at competitive prices?

Yes No

If no, please explain below:

27. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

◯ Yes ◯ No

If no, please explain below:

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

Authorized Representative Approval

By signing below, the authorized representative certifies, to the best of subrecipient's knowledge, all information submitted on this form, or attached for submission is accurate and complete.

_____ Date: _____

Signature

_____

Printed Name & Title

For DHHS Use Only:

Risk Level Determination: _____Lower _____Medium _____Higher

Notes: _____

_____

Approved: _____ Date: _____