DEPARTMENT OF HEALTH & HUMAN SERVICES

ANNUAL SUBRECIPIENT QUESTIONNAIRE

This questionnaire is used for monitoring fiscal and program compliance requirements as well as determining risk of our subrecipients. Please complete and return within the next 5 business days.

Section A: GENERAL INFORMATION							
Organization Name							
Fiscal Point of Contact	Name:	Title:					
	Address:						
	Phone:	Email:	Fax:				
Program Point of Contact							
·	Name:	Title:					
	Address:						
	Phone:	Email:	Fax:				
Organization Info	DUNS #:	EIN #:	URL:				
	State Vendor #:	# of Employees:					
	Registered with SAN	Registered with SAM.gov? ☐ YES ☐ NO Expiration Date:					
Is your organization or its principles presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency? YES NO (If yes, please skip the rest of questionnaire, sign and return)							
1. Type of Organization (che	ck all that apply):						
☐ University ☐	Foundation	ivate, Non-Profit	Private, For-Profit				
☐ Government Entity	− City□ Government	t Entity – District	Government Entity – County				
☐ Government Entity	– State □ Other:						
2. Organizational Fiscal Year	(Month and Year):						
3. Name of Cognizant Federal Agency (if applicable): Approved Indirect Rate							
4. Approximate total organization-wide annual operating budget							
Federal Funds 5	Previous Fiscal Year	Current Fiscal Year					
Non-Federal Funds	S \$	<u> </u>					

5. Did your organization expend more than \$750,000 annually in Federa NO \Box	al funds combined? □YES				
6. Has your organization annual financial statements been audited by an independent audit firm? YES NO					
7. Has your organization received funds for activities which are like, or the same as the currently proposed subaward? YES NO					
8. Has your organization managed federal or state funds in the last 5 year	rs? YES NO				
9. Organization Director has been in place for:					
· · · · · · · · · · · · · · · · · · ·	5 years				
10. Fiscal key personnel have been in place for: ☐ Less than 1 year ☐ 1-2 years ☐ 3-3	5 years				
11. Program key personnel have been in place for:					
☐ Less than 1 year ☐ 1-2 years ☐ 3-3	5 years				
12. Certify that checked policies and procedures exist within your organi					
☐ Personnel (including Time and Attendance, Pay Rate & Benefits, Time are	nd Effort, Discipline and Conflict of Interest)				
☐ Travel ☐ Financial Management (including Purchasing, Receivable	es, and Payables) 🗖 Internal Controls				
☐ Equipment & Inventory ☐ All National Policy Regulations	s (i.e., Civil Rights, Disability etc.)				
Section B: BUDGET FORMATION & ADMINISTRATION	ON				
1. Does the organization have an operating budget for each of its grants?					
2. Who are the people responsible for developing and reviewing the budg	get(s) for your organization?				
Names and titles:					
3. Does the organization have fiscal controls that result in (UG §200.303):				
a. Control of expenditures within the approved operating budge	et? □ YES □ NO				
b. Management review and approval prior to issuing budget amendments or incurring obligations or					
expenditures that deviate from the operating budget?	☐ YES ☐ NO				
4. Is there timely, periodic financial reporting to management that permits					
a. Comparison of actual expenditures with the budget for the sa					
b. Comparison of revenue estimates with actual revenue (include					
the same period?	☐ YES ☐ NO				
5. Is the responsibility for maintain budget control established at all appro-					
6. What steps are taken if projected revenues were insufficient to cover ac	ctual expenditures?				
Describe:					
Section C: INTERNAL CONTROLS					
1. Describe your organization-wide segregation of responsibilities in con	text of checks and balances and advise				
where they reside within your policies or procedures regarding segregation	on of responsibilities:				
Are specific officials designated to approve payrolls and financial trans YES NO	sactions at various dollar levels?				
3. Do the procedures for cash receipts and disbursements include the following the fol	owing safeguards?				
a. Receipts are promptly logged, restrictively endorsed and deposi ☐ YES ☐ NO					
b. Bank statements are promptly reconciled to the accounting reconcinent than the individuals handling cash, disbursements and maintain YES NO					
<u> </u>					

c.	All disbursements (€ checks. □ YES □		y cash and e	electronic disburs	sements) are made w	ith pre-numbered
d.						
۵.						
	signature, and are marked paid or otherwise prominently noted after payments are made. ☐ YES ☐ NO					
e.	Checks drawn to "ca	sh" and ad	vance signi	ng of checks are	prohibited. YES	□ NO
f.	Multiple signatures a				□ NO	
4. Are i ☐ Y	ndividuals of trust requ ES 🔲 NO	ired to tak	e leave and	delegate their du	ties to others while o	on leave?
Sectio	n D: ACCOUNTI	NG				
1. Does	the organization have	written acc	ounting pol	icies and procedu	ures to assure uniform	m practice in the
followi	ng areas?					
a.	Procurement			☐ YES	□ NO	
b.	Contract Administrati	.on		\square YES	□ NO	
c.				☐ YES	□ NO	
d.	Records to justify costs of salaries and wages				□ NO	
e.	Inventory			☐ YES	□ NO	
f.	Vendor payments			☐ YES	□ NO	
g.	Federal draws		☐ YES	□ NO		
h. i.	Grants budgeting and accounting		☐ YES ☐ YES	□ NO □ NO		
	Cash management		☐ YES	□ NO		
j. k.	Audit resolution		☐ YES	□ NO		
1.	Cash receipts Disbursements		☐ YES	□ NO		
m.	Records retention			☐ YES	□ NO	
		e same po	licies and pr			ending federal funds as
	for its organization fund		☐ YE		8 7 1	8
3. Are a	all appropriate accounting	ng staff tra	ined on cur	rent federal polic	ies, procedures and i	instructions on
account	ting for, and expending,	, federal fu	nds?	YES □ NO		
	t accounting system doe	es your org	anization us	se (e.g. QuickBoo	oks, Peachtree, Socra	ates Media or custom)?
Describ	e:					
How lo	ng has it been in use?					
5 XX/1 ·	1	1.1	. ,.	9 D.C. 1.1	· D 4 11 ·	D 3 6 1'C' 1 A 1
	th accounting basis is us					
6. Are g	grant funds accounting	for separat	ely in your	financial manage	ment system? YE	S • NO
Describ	e.					
7. Does	your organization use	a chart of a	accounts and	d accounting man	nual? 🗆 YES 🕒 🗅	NO
8. For e	each grant, does the acco	ounting sy	stem provid	e the following in	nformation?	
a.	Authorizations	☐ YES	□NO			
ь. b.	Obligations	☐ YES	□ NO			
c.	Funds received	☐ YES	□ NO			
d.	Program income	☐ YES	□ NO			
e.	Subawards	☐ YES	□ NO			
f.	Outlays	☐ YES	□ NO			
g.	Unobligated balances	☐ YES	□ NO			
9. Are	obligations records by:					
a.	Funding source	☐ YES	□ NO			
b.	Object codes	☐ YES	□ NO			

10. Are accounting records supported by source documentation (e.g. canceled checks, paid bills, payrolls, contract and subaward documents, etc.) ☐ YES ☐ NO					
11. Are purchasing and payment functions separate? YES NO					
12. Do accounting staff review the following items prior to entry into the system:					
a. Authorizations b. Purchase Orders c. Payments Q YES Q NO NO NO					
13. Are there controls to preclude:					
a. Over-obligation b. Under-or overstatement of unliquidated obligations c. Duplicate payments d. Inappropriate charges to grants □ YES □ NO □ YES □ NO □ YES □ NO					
14. Does the organization have effective control over, and accountability for, all funds, property and other assets? The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG §200.302) YES NO					
15. Does the organization reconcile bank statements (at least) monthly?					
16. Are vouchers or supporting documents identified by grant, number, date and expense classifications? ☐ YES ☐ NO					
17. Are checks submitted for signature accompanied by supporting documents? YES NO					
18. Are invoices and vouchers approved in advance by authorized officials, prior to payment? YES NO					
19. For credit cards:					
 a. Does the bank provide the subrecipient with a list of credit-card users? ☐ YES ☐ NO b. Are the balances of credit cards capped? ☐ YES ☐ NO c. Are credit card purchases used for business purposes only? ☐ YES ☐ NO 					
Organization Authorized Representative					
By signing below, the authorized representative certifies, all information submitted on this form is accurate and complete.					
(Signature) (Date)					
(Printed Name & Title)					
For DHHS Use Only					
Risk Level Determination					