SUB-RECIPIENT QUESTIONNAIRE

Information Sheet

The OSDH is required to complete a risk assessment for each Subrecipient subaward and file the required reports as outlined by the Federal Funding Accountability and Transparency Act (FFATA). The attached questionnaire is utilized for the purpose of assessing the capacity and ability of the Subrecipient to manage the Federal subaward. This assessment will assist OSDH to determine the necessary contractual and programmatic monitoring activities in conjunction with the level of risk.

2 CFR 200.1 – Definitions

A Subaward means an award provided by a pass-through entity (PTE) to a subrecipient for the subrecipient to carry out a part of a Federal award received by the pass-through entity. It does not include payments to a contractor (vendor) or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

Pass-through entity (PTE) means a non-Federal entity that provides a subaward to a subrecipient to carry out part of a Federal program.

A Subrecipient means an entity, usually but not limited to non-Federal entities, that receives a subaward from a PTE to carry out part of a Federal award. A Subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

2 CFR 200.331 – Subrecipient Determination

Characteristics of a Subrecipient after a subaward may include any or all of the following elements:

- Determines who is eligible to receive what Federal assistance;
- Has its performance measured in relation to whether objectives of a Federal program were met;
- Has responsibility for programmatic decision-making;
- Is responsible for adherence to applicable Federal program requirements specified in the Federal award; and
- In accordance with its agreement (contract), uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.

2 CFR 200.332 – Requirements for pass-through entities (PTE):

As a PTE, the Oklahoma State Department of Health must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the PTE must provide the best information available to describe the Federal award and subaward.

SUBRECIPIENT QUESTIONNAIRE

GENERAL INFORMATION

Name of Organization: _____

"Doing Business As": _____

Address (Primary site where work will be performed):

_____

City, State, Zip+4:

_____

Employer ID#: _____

Unique Entity ID #: _____ EFT Indicator #: _____

Subaward Description: (Description should capture overall purpose of the subaward)

1. What type of organization is your agency?

   ☐ Local Government (City or County)
   ☐ State Government
   ☐ Federal Government
   ☐ College or University
   ☐ Sovereign Entity
   ☐ Government Trust Authority
   ☐ Non-profit 501(c)(3)
   ☐ For Profit
   ☐ Association
   ☐ Other (Specify)

2. Is your organization subject to Board oversight? (If yes, attach a list of Board members; If no, skip to question #3) Yes ☐ No ☐

   a. Does your organization's Board have approved bylaws? (If yes, attach a copy of the Board approved bylaws; If no, skip to 2d) Yes ☐ No ☐

b. Does your organization conduct business in accordance with the Board approved bylaws? Yes ☐ No ☐

c. Have the members of the Board been appointed in accordance with the approved bylaws? Yes ☐ No ☐

d. What was the date of the most current Board meeting in which there was a quorum? (Attach a copy of the approved minutes from this meeting.)

e. Does the Board include individuals who are family members of:

	Yes	No
Chief Executive Officer/Executive Director	☐	☐
Program Director	☐	☐
Chief Financial Officer	☐	☐

f. Do employees of your organization serve as Board members? Yes ☐ No ☐

3. How many years has your organization been in business?

4. Does your organization maintain any accreditation or licensure related to the services it is providing for the OSDH? (If yes, provide a list; If no, skip to question 5) Yes ☐ No ☐

   a. Is your organization in good standing with the accreditation/licensure it maintains? Yes ☐ No ☐

5. Has your organization taken on new activities or services in the past 12 months? Yes ☐ No ☐

6. Has your organization experienced more than a 33% increase or decrease in overall revenue/funding in the past 12 months? Yes ☐ No ☐

7. Has your organization experienced turnover or changes in any of the following key personnel in the past 12 months? (Check all that apply)

	Yes	No
Chief Executive Officer/Executive Director	☐	☐
Program Director	☐	☐
Chief Financial Officer	☐	☐

8. Have there been lawsuits filed or any undecided litigation against your organization in the past 12 months? Yes ☐ No ☐

BUSINESS MANAGEMENT and ACCOUNTING SYSTEMS

9. Does your organization have written policies and/or procedures that address the following areas? (Check either yes or no for each area)

	Yes	No
Human Resources / Personnel	☐	☐
Procurement	☐	☐
Accounting	☐	☐
Assets/Property	☐	☐
Travel	☐	☐
Record Retention	☐	☐
Equal Employment Opportunity (EEOC)	☐	☐
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	☐	☐
Tobacco Use	☐	☐

10. What is your organization's capitalization threshold by which your organization determines assets/equipment?

11. How many years does your organization's record retention policy require to maintain the following types of documents?

	Years?
Programmatic Documents	_____
Financial Documents	_____
Other Types of Documents	_____

12. What type of accounting software does your organization utilize?

_____

13. Does the accounting system account for cost by individual projects? Yes ☐ No ☐

14. Does the accounting system accurately track actual expenditures, receipt and disbursement of funds by each grant and/or funding source? Yes ☐ No ☐

15. Are non-federal cash and/or third-party in-kind cost share or matching funds supported by appropriate documentation? Yes ☐ No ☐

16. Are common or indirect costs accumulated into cost pools for allocation to projects, contracts and grants? Yes ☐ No ☐

17. Is your organization familiar with 2 CFR 200 and criteria and procedures for determination of allowable costs in connection with Federal grants and contracts? Yes ☐ No ☐

18. Does your organization maintain a system of internal control which provides reasonable assurance that personnel activity reports (PARs) are accurate?

	Yes	No
Employee signature / submission	☐	☐
Supervisor approval required	☐	☐
Activities for specific Programs are clearly delineated by each funding source.	☐	☐
Includes reporting of total time per employee	☐	☐
College or University complies with 2 CFR 200	☐	☐

19. What is your organizations fiscal year? _____

20. During your organization's fiscal year, does your organization expect to expend $750,000 or more in Federal awards? Yes ☐ No ☐

21. Indicate the highest level of audit completed during the past 2 years.

- ☐ Single Audit
- ☐ Yellow Book Audit
- ☐ Program-specific Audit
- ☐ Other
- ☐ No audit completed in the past 2 years

22. Has your organization ever had a cost reimbursement contract? Yes ☐ No ☐

23. Has your organization had a contract to provide these same services for OSDH before? Yes ☐ No ☐

24. Is your organization receiving funding from other sources to provide the same or similar services to the services being provided in this subaward? Yes ☐ No ☐

25. Please list any contracts that your organization has with other state agencies in Oklahoma.

☐ No other contracts with state agencies in Oklahoma

State Agency & Program: Amount:

26. What is the total amount of your organization's operating budget? Please list all types of revenue sources.

Source of Revenue	Amount$
State Contracts (from #25)	
TOTAL	

27. Please attach a schedule showing the total Federal dollars awarded to your organization by Program/Project identifying Federal Agencies and Pass-Through Entities for the two most recent fiscal years.

Did your organization (1) receive 80% or more of its annual gross revenues in Federal awards during your preceding fiscal year; and (2) receive $30,000,000 or more in annual gross revenues from Federal awards during your preceding fiscal year?

Yes ☐ No ☐

If Yes, Does the public have access to information about the compensation of the five most highly compensated officers?

Yes ☐ No ☐

If No, please attach a list of the five most highly compensated officers to include names and total compensation.

Prepared by:

Print Name:

Title:

Date:

Under penalty of perjury, the undersigned declares that the information contained in this document and any attachments are true and correct to the best of my knowledge and belief.

Chief Executive Officer/Executive Director _____ Date

Chief Financial Officer _____ Date