

State of South Dakota Department of Human Services Subrecipient Questionnaire

Instructions

A person knowledgeable about the entity's financial, accounting, and processes (e.g., Finance Manager or CFO, etc.) should complete the questionnaire.

Answer every question about the entity based the agency's fiscal year.

Must include all that apply with completed questionnaire (emailed documents are acceptable):

1. Most recent annual financial statements
 2. Most recent audited financials/reports (A133/Single Audit, Independent Audit, etc.)
 3. And, if applicable, most recently filed IRS form 990
 4. Purchasing Policy/Procedure
 5. Internal Control Policy/Procedure
 6. Accounting Policy/Procedure
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Entity Information

Entity's Name, DBA: _____

Name and Title of Person Completing Form: _____

Contact Person's Email: _____

Contact Person Phone: _____

State of Incorporation: _____

DUNS Number: _____

Date of Incorporation: _____

1. Is the entity required to file an IRS Form 990? Yes No
2. Has the entity previously managed federal or state grants before? Yes No
3. Does the entity subcontract or contract for any grant related services? (e.g., management, accounting, consulting, etc.) Yes No

If yes, please explain.
4. Does the entity have an affiliation with another organization (e.g., national, regional, etc.)? Yes No

If yes, please list.
5. Number of administrative staff: _____
6. What is the yearly percentage rate of administrative staff turnover for the last two years? _____
7. Does the entity's staff have previous experience with federal grants? Yes No
8. Please indicate staff's level of experience with grants? 0-2 years 2-5 years 6+ years

Legal

1. Are any of the entity's principals, board members, management, staff, etc. presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation from receiving federal grants? (2CFR180) Yes No
 2. Is the entity on the Bureau of Administration's Debarment list (boa.sd.gov)? Yes No
 3. Is the entity in good standing with the SD Secretary of State (sos.sd.gov)? Yes No
 4. Is the entity registered with SAM.GOV? Yes No
 5. Are there any pending or past lawsuits against the entity, board members, management, staff, etc.? Yes No
Briefly explain the lawsuits.
 6. Do any of the lawsuits negatively impact the entity's finances or grant programs? Yes No
 7. Has the entity had **any** federal grants terminated in the past two years? Yes No
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Financial/Accounting Systems Information

1. Which of the following best describes the entity's accounting system?
 Manual Automated Combination
2. Has the entity developed or implemented new or substantially changed software or systems in the last 5 years? Yes No
If yes, please explain.
3. Does the entity's financial system breakdown employee's hours per grant/program? Yes No
4. Are timesheets kept for each paid employee? Yes No
5. Is each employee's salary/hourly rate documented? Yes No
7. Are all bank accounts reconciled monthly and reviewed by management? Yes No
If yes, provide name and title/position:
8. Are duties separated so that no one individual has complete authority over an entire financial transaction?
 Yes No
9. Does the entity's accounting system prevent expenditures in excess of revenues and grant funds? Yes No
10. If applicable, does the entity have a property management system that meets the minimum federal requirements for equipment management? Yes No
11. Are supporting documents (e.g., invoices, vouchers, in-kind, and timesheets, etc.) for all payments obtained and provided for reimbursement? Yes No
12. If applicable, is there any indication the subrecipient may have difficulty meeting the required match? Yes No
13. Does the entity intend to claim use of personal property as an expense? Yes No

Audits

1. Have annual financial statements for the entity been audited by an independent audit firm? Yes No
2. Date of Last Single Audit (known as A-133 audit), if applicable:
(Federal funds expended \$500,000 or more during fiscal year prior to December 26, 2014 or expended \$750,000 or more during fiscal year after December 26, 2014)

or

Date of Last Independent Audit

3. Were there any audit findings in the last audit regarding transit grant programs? Yes No
4. Are any of these findings in regards to internal control? Yes No
5. Are there currently any unresolved audit issues? Yes No

Briefly list or indicate your audited findings on the submitted audit, if applicable

Grant Information

1. Indicate the **all** federal program and dollar amount of grants (e.g., federal, state, etc.) awarded to your entity during the last 2 years. List the amount per year and agency.
2. What percentage of the organization's budget is from grants? (e.g., federal, state, etc.) %

I declare and affirm under penalty of perjury that this information has been examined by me and is in all things true and correct. In addition, I understand the willful falsification of any of the above statements may subject me to civil actions and criminal prosecution under state and federal law.

Name & Title: _____

Date: _____