



Subrecipient Organizational Capacity Questionnaire

How to Use: This questionnaire is used as an assessment tool post award for the purpose of determining the appropriate subrecipient monitoring and technical assistance level. Please note, this assessment is not part of the criteria used in making award decisions. This questionnaire must be completed when submitting an application along with any other applicable supporting documentation.

Please email one (1) file only (including all supporting documentation) to the MCASA at mgrants@mcasa.org. If you have questions about this form you can contact MCASA at mgrants@mcasa.org or 301.328.7023.

1. MCASA Contact Information			
Name of Funding Manager:			
Project Name:			
Grant Number:			
2. Subrecipient Contact Information			
Full Legal Organization/Business Name:			
Address:			
Telephone number:			
Fax number:			
Name of person completing this form:			
E-mail address:			
Website:			
Incorporated in:		Incorporated Date:	
Number of employees:			
UEI/DUNS number:			
FEIN (Federal Tax ID Number):			
Fiscal Year (Month/Year):			
3. Subrecipient Type of Organization (select one):			
<input type="checkbox"/> Government	<input type="checkbox"/> Nonprofit corporation	<input type="checkbox"/> Other corporation	<input type="checkbox"/> Individual
4. Subrecipient Organization Classification (select all that apply):			
<input type="checkbox"/> Large Business		<input type="checkbox"/> Small Business	
<input type="checkbox"/> Historically Black College/University		<input type="checkbox"/> Small Disadvantaged Business	
<input type="checkbox"/> Historically Underutilized Business Zone		<input type="checkbox"/> Woman-Owned Business	
<input type="checkbox"/> Minority Institution/Owned		<input type="checkbox"/> Tribal	
<input type="checkbox"/> Veteran Owned		<input type="checkbox"/> Other:	
5. Subrecipient Personnel Contact Information			
Project Director for Subaward			
Name:			
Title:			
Telephone Number:			
E-mail Address:			



Additional Contact for Subaward	
Name:	
Title:	
Telephone Number:	
E-mail Address:	
6. Subrecipient Indirect Costs	
Fiscal Year (Month/Year):	
Negotiated Federal Indirect Cost Rate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 10% De Minimis Rate (if yes, please attach a copy of your current rate agreement)	
Name of Designated Federal Cognizant Agency (if applicable):	
7. Has Subrecipient received an award or subaward to conduct programs similar to those covered under this proposed subaward agreement in the last two (2) fiscal years? If yes, provide a list of all such awards or subawards.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Was Subrecipient required to comply with the Single Audit requirements of the Uniform Guidance in the last two (2) fiscal years? (Compliance with 2 C.F.R. Part 200, Subpart F required if Subrecipient expends \$750,000 or more in federal awards in a fiscal year).	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auditor Contact Name and Title:	
If yes, is your Single Audit report available on the Federal Audit Clearinghouse?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify the most recent year completed:	
9. Have Subrecipient's annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the last two (2) fiscal years.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. If the answers to Questions 8 or 9 is yes, were there any findings or questioned costs in the last two (2) fiscal years? If yes, please explain any findings, going concerns, material weakness or questioned costs with respect to an award or subaward to conduct programs similar to those covered by this proposed subaward agreement.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation (if applicable):	

16. Does Subrecipient’s accounting system include budgetary controls to preclude obligations in excess of:

the total funds available for a grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
the total funds available for a budget cost category (e.g., Personnel, Travel)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. Does Subrecipient have a cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursement of those funds?

Yes No

18. Does Subrecipient have a system in place to determine that it has met its cost sharing goals, if applicable?

Yes No

19. In the last 12 months, has Subrecipient hired new senior management personnel (e.g., Executive Director/CEO, Finance Director/CFO) and/or program personnel who would be working on this proposed subaward? If yes, please explain.

Yes No

Explanation (if applicable):

20. In the last 12 months, has Subrecipient implemented new or substantially changed systems related to its federal grant management? If yes, please explain.

Yes

No

Explanation (if applicable):

21. Does Subrecipient have policies that address the following?

Pay Rates and Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conflicts of Interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchasing/Procurement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Capitalization/depreciation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Records Retention	<input type="checkbox"/> Yes	<input type="checkbox"/> No

22. Describe the method Subrecipient uses to support labor and benefit charges.

Explanation:

23. Does Subrecipient have an effective system of authorizing and approval capital equipment expenditures?

Yes

No

24. Does Subrecipient keep detailed records of individual capital assets and periodically reconcile such records with the general ledger accounts?

Yes

No

25. Does Subrecipient have effective procedures for authorizing and accounting for the disposal of property and equipment?

Yes

No

26. Does Subrecipient periodically check its detailed property records against physical inventory?

Yes

No

27. Attachments: Please attach the following or check N/A if not applicable.		
<u>Document</u>	<u>Attached</u>	<u>N/A</u>
Articles of Incorporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bylaws	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRS Determination Letter (granting income tax exemption under IRC § 501(c)(3))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Form 990 or 990-EZ from the last two (2) years, including Form 990-T and all supporting schedules and attachments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your entity spends \$750,000 or more per fiscal year in federal funds, a Single Audit is required in accordance with 2 CFR §200.514 . Please refer to question #8 on this form. If yes and if the audit disclosed findings on GOCPYVS grants, provide a copy of the report so that we may issue a management decision for audit findings pertaining to the Federal award provided to the sub-recipient from the pass-through entity as required by §200.521 Management decision.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of results from audits, examinations, or monitoring procedures performed during the last two (2) fiscal years on any direct federal award received by Subrecipient	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indirect cost rate agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of all subawards to Subrecipient from GOCPYVS during the last two (2) years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of all subawards to conduct programs similar to those covered under this proposed subaward agreement to Subrecipient from any funder during the last two (2) years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

By its authorized signatory below, Subrecipient hereby certifies and attests to the accuracy of the above responses and all corresponding information attached.

Signature: _____

Printed Name:	
Title:	
Date:	