As a direct recipient of US Federal funds, 2 CFR §200.331 requires Mississippi Department of Finance (DFA) to perform an initial and/or annual risk-based assessment of its subrecipients’ ability to meet its subaward obligations. Completion of this Questionnaire will provide DFA with the information needed to assess the adequacy of the financial and accounting systems of your organization. Each question should be answered as completely as possible, using extra pages if necessary.

Organization’s Legal Name:

Address:

EIN Number: Unique Entity Identifier:

Financial Point of Contact:

Phone: Email:

|  |
| --- |
| **GENERAL INFORMATION** |
| 1. How is your organization classified?
 |
|  Non-Profit Organization | State and Local Government | Corporation  |
|  University | Federal Government | Individual |
|  Foundation | Foreign Government | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. How many employees does your organization have?
 |  |
|  A. Full-time Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B. Part-time Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **INTERNAL CONTROLS** |
| 1. Are duties separated so that no one individual has complete authority over an entire financial transaction?
 | \_\_ Yes \_\_ No |
| 1. Does your organization’s procedures ensure that costs deemed unallowable, per US Federal guidelines, are excluded from the amount billed under this subaward?
 | \_\_ Yes \_\_ No |
| 1. Does your organization have controls to prevent the spending of funds in excess of approved, budgeted amounts?
 | \_\_ Yes \_\_ No |
| 1. Are all sponsored project disbursements properly documented with evidence of receipt of goods or performance of service that can be provided as backup with invoice submissions if requested?
 | \_\_ Yes \_\_ No |
| **AUDIT STATUS** |
| 1. Does your organization have a negotiated US Federal rate agreement including:
 |  |
|  A. Approved fringe benefit rates B. Approved indirect cost rates  If yes, provide a copy | \_\_ Yes \_\_ No\_\_ Yes \_\_ No |
| 1. Does your organization receive overall US Federal funding of at least $750,000 per year?

Is your organization:Non-profit entity expending less than $750,000 per year in US Federal or sub-Federal funds annuallyFor-profit entity that expends Federal or sub-Federal funds and have a DCAA audited rateFor-profit entity that does not expend US Federal funds or have annual auditsForeign entity | \_\_ Yes \_\_ No |
| 1. Is your organization subject to 2 CFR Part 200, Subpart F Single Audit (formerly A-133)? ***If not uploaded to the Federal Audit Clearinghouse, attach a copy of your most recent Single Audit Report, or the Internet URL link to a complete copy:*** *: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Fiscal Year End (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of most recently completed audit (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Were any audit findings reported? \_\_ Yes \_\_ No **If “yes”, please explain:** | \_\_ Yes \_\_ No |

**Completion of the following sections are required for all organizations not subject to
2 CFR Part 200, Subpart F- Single Audit**

|  |
| --- |
| **FINANCIAL AUDIT STATUS** |
| 1. Does your organization have its financial statements reviewed by an independent public accounting firm or a governmental agency? (provide a link to your website or enclose a copy of the most recent financial statements for your organization, audited or unaudited): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | \_\_ Yes \_\_ No |
| **CASH MANAGEMENT** |
| 1. Will any cash from grant funds be kept outside the bank account (in petty cash funds, etc.)?
 | \_\_ Yes \_\_ No |
| 1. Are all bank accounts reconciled monthly?
 | \_\_ Yes \_\_ No |
| **PAYROLL** |
| 1. Are payroll charges checked against program/project budgets?
 | \_\_ Yes \_\_ No |
| 1. Are timesheets kept for each paid employee? If “no”, how does your organization monitor personnel effort and align it with time charged to sponsored agreements?
 | \_\_ Yes \_\_ No |
| 1. Do you have a written policy that addresses pay rates, benefits, time and attendance and leave?
 | \_\_ Yes \_\_ No |
| **PROCUREMENT** |
| 1. Are there written procedures to ensure procurement of goods and services at competitive prices? ***Please provide a copy of (or link to) the written policy:***  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
 | \_\_ Yes \_\_ No |
| 1. Does your organization have the ability to account for equipment purchases greater than $5,000?
 | \_\_ Yes \_\_ No |
| 1. Is there an effective system of authorization and approval of:
 |  |
|  a. Capital equipment costs? b. Travel costs?  | \_\_ Yes \_\_ No\_\_ Yes \_\_ No |

|  |
| --- |
| **PROPERTY MANAGEMENT** |
| 1. Are detailed records of individual capital assets kept and periodically balanced with the accounting records?
 | \_Yes \_No \_N/A |
| 1. Are there effective procedures for authorizing and accounting for the disposal of property and equipment?
 | \_Yes \_No \_N/A |
| 1. Are detailed property records periodically checked by physical inventory?
 | \_Yes \_No \_N/A |
| 1. Does your organization have a policy concerning capitalization and depreciation?
 | \_Yes \_No \_N/A |
| **COMPLIANCE** |
| 1. Does your organization have policies that address:
 |
|  | Conflicts of Interest | Yes | No  |
|  | Time and Attendance | Yes | No |
|   | Employment Discrimination | Yes | No |
|  | Subrecipient Monitoring | Yes | No |
|  |  |  |  |
| **CERTIFICATIONS** |
| The information, certifications and representations above have been read and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this subcontract continuation are aware of DFA’s policy with regard to subawards and are prepared to establish the necessary agreements consistent with those policies.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Subrecipient’s Authorized Official Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type or print name and title of Authorized Official Phone Email |