Our records indicate that your organization was a subrecipient of funds awarded to the Idaho Department of Labor (IDOL) during the past fiscal year, or is currently being considered for receipt of a subaward under such funds. Code of Federal Regulations Title 2 Part 200 requires IDOL to ensure that your organization is in compliance with the federal regulations. Please complete this form and provide the required information to the address above within ten (10) days of receipt. This form must be returned before a subaward or amendment can be executed.

### Subrecipient Financial Questionnaire

<table>
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<tr>
<th>Subrecipient Legal Name</th>
<th>Subrecipient Project Director</th>
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<tr>
<th>Subrecipient Chief Fiscal Officer</th>
<th>Most Recently Completed Fiscal Year</th>
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<tbody>
<tr>
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<td>from ___ to ___</td>
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☐ Yes  ☐ No  Is your organization subject to an annual audit in accordance with CFR Title 2 Part 200 Subpart F?

If "Yes," please provide the following information and complete the certification section at the end of this form.

**Auditee Name:** **Auditee EIN:**

If "No," please complete questions 1 - 8:

1. We are not subject to audit under CFR Title 2 Part 200 because (select all that apply):
   - ☐ Our organization is for-profit.
   - ☐ Our organization expended less than $750,000 in Federal Awards in the fiscal year indicated above.

2. Have annual financial statements been audited by an independent firm? Please provide a copy of the statements (whether or not audited) for the most current fiscal year, or provide the URL: _____________________________
   - ☐ Yes  ☐ No

3. Does the organization have a financial management/accounting system that identifies the source and application of funds for award-supported activities?
   - ☐ Yes  ☐ No

4. Does the financial system provide for the control and accountability of project funds, property, and other assets?
   - ☐ Yes  ☐ No

5. Does the organization have policies that address the following (if yes to any of the below, please attach a copy of the relevant policy, or provide the URL):
   - Payroll Charges  ☐ Yes  ☐ No
   - Conflicts of Interest  ☐ Yes  ☐ No
   - Time and Attendance  ☐ Yes  ☐ No
   - Travel  ☐ Yes  ☐ No
   - Paid Leave  ☐ Yes  ☐ No
   - Procurement  ☐ Yes  ☐ No
   - Discrimination  ☐ Yes  ☐ No

6. Describe the method used to support labor and benefit charges (e.g. payroll system, QuickBooks, Excel database, etc.):

7. Is inventory of Government property maintained? Records should identify purchase date, cost, vendor, description, serial number, location, and ultimate disposition data.
   - ☐ Yes  ☐ No

8. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? If yes, please attach a copy of the plan or rate agreement, or provide the URL: _____________________________
   - ☐ Yes  ☐ No

I certify that the information provided above is true and correct.

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<thead>
<tr>
<th>Signature of Authorized Official</th>
<th>Printed Name &amp; Title</th>
<th>Date</th>
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