

Subrecipient Financial Questionnaire

Workforce Programs Administration

317 W. Main Street, Boise, ID 83735

Ph (208) 332-3570 | Email: Laurel.McMahan@labor.idaho.gov

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 Legal Name

Subrecipient Project Director

Subrecipient Chief Fiscal Officer

Most Recently Completed Fiscal Year
from _____ to _____

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conflicts of Interest	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time and Attendance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paid Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	Procurement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Signature of Authorized Official	Printed Name & Title	Date
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IDOL: _____