



FLORIDA DEPARTMENT OF HEALTH
RECIPIENT/SUBRECIPIENT AND CONTRACTOR/VENDOR
DETERMINATION CHECKLIST FOR STATE/FEDERAL FUNDS

(To be used when project is either funded with state or federal appropriations)

Entity/Provider Name	
Provider's Organization Type	
Awarding Agency	
Title of Federal Grant/State Project	
CSFA #/CFDA #	
Contract/Grant Agreement Number	

GAA Line #: _____ State Resources - Match: _____ MOE: _____ Federal Grant Resources: _____

Note: In the absence of a state reference annotation, the federal annotation will take precedence.

Approval Requirements - Must answer all questions; each Part (A/B) must be all "Yes" or "No".

Section 1: Recipient/Subrecipient, Contractor/Vendor Determination

PART A	
Recipient/Subrecipient. A financial assistance agreement between DOH and an outside entity for the purpose of aiding DOH to carry out a portion of a federal or state program objectives.	
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<p>1. Does the entity determine who is eligible to participate in the federal and/or state program? (2 CFR §200.330 a.1, 215.97 (1)(a)).</p> <p>2. Is the scope of work or portion of the agreement the same for the outside entity (provider) as they are for DOH (the prime recipient) of the federal and/or state funds.? (2 CFR §200.330 a.2, 215.97 (1)(b))</p> <p>3. Can the provider make programmatic decisions about how services will be delivered to participants, with respect to federal and/or state requirements? (2 CFR §200.330 a.3)</p> <p>4. Does funding to the provider depends upon the entity's ability to meet programmatic objectives of a grant award and/or state statutes. (2 CFR §200.330 a.4)</p> <p>Note: Yes, to the above indicates the following:</p> <ul style="list-style-type: none"> • DOH agrees, an agreement is necessary to carry out the objectives of the project (2 CFR §200.330 a.5) • The provider understands matching, maintenance of effort or other local non-federal resources may be required as condition to support the award, when it is applicable (2 CFR §200.330 a.5, 215.97 (2)(s)) • The provider's financial costs will be subject to actual cost of reimbursements (i.e. Cost Neutral). (2 CFR §200.330 a.5) 	
PART B	
Contractor/Vendor. A competitive procurement relationship between DOH and an outside organization to acquire goods and services for DOH's own use or consumption.	
<u>YES</u>	<u>NO</u>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Is it within the entity's normal business operation to provide the goods or services being procured to different buyers/consumers? (2 CFR §200.330 b.1/b.2, 215.97 (2)(z))</p> <p>6. Does the entity operate in a competitive open market environment? (2 CFR §200.330 b.3/b.5)</p> <p>7. Can the entity generate a profit from the procurement agreement? (2 CFR §200.330 b.3)</p> <p>8. Can the entity deliver the goods and services as designated by DOH without regard to federal/state programmatic requirements? (2 CFR §200.330 b.4)</p>	

➤ **Determination:**

- (a) **Yes to questions 1-4**, the Department has a **recipient/subrecipient** relationship with the provider. (Compliance Requirement: for federal & state match - use the grant CFDA #, for state non-match - use the CSFA #)
- (b) **Yes to questions 5-8** the relationship with the provider is a **contractor/vendor**.

- Note: Any other combination, use the **Work Sample** for a final determination.

<input type="checkbox"/>	Recipient/Subrecipient	<input type="checkbox"/>	Contractor/Vendor
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Determined by:

(Print the name of the individual completing this form) (Date) (check if a New CSFA is required)

Approved by: _____ (Authorized Individual) _____ (Date)

Section 2: Single Audit Designation (Federal/State)

This section must be completed to indicate if the provider is required to have a State/Federal Single Audit performed. Mark "X" for the appropriate designation.

FEDERAL/STATE SINGLE AUDIT IS REQUIRED:

2.a **Recipient/subrecipient** subject to 2 C.F.R. § 200.501 and/or section 215.97, Florida Statutes when expenditures exceed the threshold level of \$750,000.00.

PROVIDER IS EXEMPT FROM SINGLE AUDIT:

2.b **Contractor** not subject to 2 C.F.R. § 200.501 and/or section 215.97(2)(z), Florida Statutes

3.b **For-profit subrecipient**. (Use Exemption on Exhibit 2 of Financial and Compliance Attachment) Since this part does not apply to for-profit subrecipients, DOH or the pass-through entity is responsible for establishing requirements, as necessary, to ensure compliance by for-profit subrecipients. The agreement with the for-profit subrecipient must describe applicable compliance requirements and the for-profit subrecipient's compliance responsibility. Methods to ensure compliance for **Federal awards** made to for-profit subrecipients may include pre-award audits, monitoring during the agreement, and post-award audits. (215.97 (2)(g))

4.b **Higher Education Entity** This designation only applies to the Florida College System institution or a state university receiving state financial assistance funds. For federal financial assistance, these entities along with other state agencies must be classified as subrecipients (pass-thru federal funds) and will be subject to federal single audit even if expenditures for the DOH contract do not exceed the threshold limit of \$750,000. (2 CFR Part 200, Appendix III, 215.97 (2)(h))

- Note: **Higher Education or Other State Government Entities** receiving audit exemption from Section 215.97 F.S. are expected to pass on the audit requirements with their providers when the state financial assistance funds are sub-granted to non-state entities.