Subrecipient Pre-Award Questionnaire

Purpose

In adherence to 2 CFR 200.332(c)), Wisconsin Department of Health Services (DHS) as a pass-through entity must evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward. DHS uses this Pre-Award Questionnaire to gather essential information to inform this evaluation and subsequent decisions regarding contract monitoring.

The results of this assessment ensure that oversight is tailored to each subrecipient, allowing DHS to provide the appropriate level of guidance, resources, and monitoring to support subrecipient success.

DHS will communicate the results of this assessment and associated monitoring approach after review. This may include sharing identified areas for support, outlining expectations, and offering opportunities for technical assistance or clarification as needed.

Instructions

Answer each question as completely and accurately as possible. If you are unable to answer or the question does not apply, please provide a brief explanation. Submit the completed form as part of your WDVA RHTP grant application.

Section 1: Entity information

Subrecipient entity name: _____

Unique entity identifier: _____

Business address: _____

Remit address: _____

Phone number: _____ Email: _____

Section 2: Financial stability

As DHS reimburses expenses for actual costs incurred, does your entity have the capacity to meet short-term financial obligations or start-up costs? If "no," please explain.
☐ Yes ☐ No. Explanation if applicable: _____

Section 3: Management system and standards

Does your entity maintain comprehensive policies and/or procedures for the items below? If "no," please explain.

Internal controls
☐ Yes ☐ No. Explanation if applicable: _____

Procurement
☐ Yes ☐ No. Explanation if applicable: _____

Human resources
☐ Yes ☐ No. Explanation if applicable: _____

Records retention
☐ Yes ☐ No. Explanation if applicable: _____

Does your entity maintain comprehensive financial management and accounting policies and/or procedures? If "no," please explain.
☐ Yes ☐ No. Explanation if applicable: _____
If yes, do the accounting records/system(s) require separation of the receipts and payments of a federal or state grant from the receipts and payments of other activities?
☐ Yes ☐ No. Explanation if applicable: _____

Section 4: History of performance

How many years of experience does your entity have managing federal or state funding?
☐ 0 ☐ < 3 years ☐ 3 – 5 years ☐ > 5 years

Has your entity received subawards from DHS before?
☐ Yes ☐ No
If "yes", please specify the number of years of experience working with DHS subawards:
☐ < 2 years ☐ 2 – 5 years ☐ < 5 years ☐ N/A

Section 5: Audit and reporting findings

What was the date of your entity's most recent audit? Date

In any of the last three years, has your entity expended $1,000,000 or more in federal awards?
☐ Yes ☐ No
If "yes" to the above, did your entity obtain a Single Audit for that year?
☐ Yes ☐ No years ☐ N/A

If your entity has not expended $1,000,000 in federal awards, did your entity expend more than $100,000 in federal or state funds?
☐ Yes ☐ No
If "yes" to the above, did your entity obtain an audit? If "no", please explain.
☐ Yes ☐ No. Explanation if applicable: _____ ☐ N/A

In any such audits, were any compliance findings, questioned costs, material weaknesses, or significant deficiencies identified in the audit report? If "yes," please explain if deficiencies were corrected for and responded to.
☐ Yes. Explanation if applicable: _____ ☐ No

Has your entity been subject to any Corrective Action Plans (CAPs) recently (in the last 5 years) or in the past by any government agency? If "yes," please explain.
☐ Yes. Explanation, number of CAPs, and resolution if applicable: _____ ☐ No

Section 6: Indirect rate

Does your organization have a Negotiated Indirect Cost Rate Agreement?
☐ Yes ☐ No
If "yes" to the above, please specify the negotiated rate below and provide a copy of the Agreement upon returning this questionnaire. Indirect Rate

Section 7: Additional comments

Use this section to elaborate on any responses provided in earlier sections, offering additional details, clarifications, or context.

Certification

By submitting this questionnaire, Entity name certifies that the information provided is true, complete, and accurate to the best of the organization's knowledge.

Name — Authorized representative: _____

Title — Authorized representative: _____

Date signed: _____