

Public Assistance: Executing Subgrant Agreements & Reimbursement Requests


January 16, 2024


Steps to Executing Agreements



DPS Risk Survey

1. Organization Name
2. Title and name of person completing the survey
It is recommended that this survey be completed by a financial/accounting representative of the organization such as: Financial Manager, Treasurer, Bookkeeper, Accounting Administrator.
3. FEIN (Federal Employer Identification Number)
4. Legal name (parent, fiduciary) of entity to which the FEIN was assigned, if applicable
5. Mailing Address



 **DPS Risk Assessment Survey**

Welcome to the Vermont Department of Public Safety's (DPS) Risk Assessment Survey. As an applicant for an award from DPS, each organization must complete this survey annually. This risk assessment should be a true evaluation of your organization's internal controls. Prior to issuance of a grant award, State of Vermont granting agencies must determine if each potential grantee is eligible to receive an award per the Vermont Agency of Administration Bulletin 5, Policy for Grant Issuance and Monitoring: <https://aoa.vermont.gov/bulletins>. DPS will use this tool to evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate method of subrecipient monitoring. See the federal requirement for subrecipient risk assessment within 2 CFR 200 Uniform Guidance, §200.332 Requirements for pass-through entities (b): https://www.ecfr.gov/cji-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

* Required

1. Organization Name *

Enter your answer

2. Title and name of person completing the survey
It is recommended that this survey be completed by a financial/accounting representative of the organization such as: Financial Manager, Treasurer, Bookkeeper, Accounting Administrator. *

Enter your answer

3. FEIN (Federal Employer Identification Number) *

Enter your answer

DPS Risk Survey (continued)

6. Physical Address as listed in SAM.gov when obtaining your Unique Entity Identifier (UEI) <https://sam.gov/content/home>.
7. Phone Number
8. Email Address
9. UEI (Unique Entity Identifier)
See 2 CFR §200.211 (b) & §200.332 (a)(i):
https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
10. What is the date that you are filling out this survey?
11. Your Fiscal Year (e.g. July - June or Jan. - Dec.)
12. Type of organization

DPS Risk Survey (continued)

13. What type of accounting system do you use?

- Automated
- Manual
- Combined automated & manual

14. Does your organization have segregation of duties so that no single person has control over all phases of a transaction?

15. Does your organization maintain its award documentation for at least 3 years after the final reimbursement?

16. Does your organization include financial/accounting personnel in the application review process to ensure that you can meet all compliance requirements?

17. Has your organization been audited or had a grant monitoring review within the past 24 months? Please select all that apply.

- No, not within the past 24 months - skip to question 19
- Yes, by an outside audit firm
- Yes, by town/local auditors
- Yes, by a State of Vermont Agency/Department
- Yes, by a federal awarding agency
- Yes, by a Single Audit firm

18. Did your organization have any findings?

- No, the audit produced no findings
- Yes, however audit findings have been resolved
- Yes, and there are outstanding unresolved findings
- Yes, and there is a corrective action plan in place

DPS Risk Survey (continued)

19. Does your organization maintain written policies which include procedures for assuring compliance with the terms and conditions as noted in the Department of Public Safety's Standard Grant Agreement? Copies must be made available upon request. Select all that apply.

See 2 CFR 200 Uniform Guidance requirements: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

- Written Grant Management Policy
- Written Purchasing Procedures (2 CFR §200.318 (a))
- Written Conflict of Interest Policy (2 CFR §200.318 (c)(1))
- Written Inventory Policy
- Written Employee Policy or Bargaining Agreements
- Written Payroll Policy
- No, our organization has no written policy/procedures

20. Has there been any of the following changes at your organization within the past 12 months?

- New personnel who will administer this grant funding
- New or changed systems affecting grant management
- no changes to personnel or systems

FFATA Reporting of Subrecipient Executive Compensation

- Required per Federal Uniform Guidance 2 CFR Part 170 Appendix A
- Must be completed and reported for awards of \$30,000 or more
- Form must be completed and signed by Authorized Representative and submitted with subgrant agreement

| Vermont Department of Public Safety | | |
|---|---------------------------|--------------|
| FFATA Reporting of Subrecipient Executive Compensation | | |
| Federal Uniform Guidance 2 CFR Part 170 Appendix A | | |
| To be completed for awards of \$30,000 or more | | |
| Subrecipient | Subrecipient Contact Name | |
| Supplier # (Vendor) | Contact Title | |
| DPS Award # | Contact Signature | |
| Phone Number | Date | |
| Appendix A to Part 170—Award Term I. Reporting Subawards and Executive Compensation | | |
| c. Reporting of Total Compensation of Subrecipient Executives | | |
| 1. Applicability and What to Report | | |
| i. In the preceding fiscal year, you (subrecipient) received: | | |
| (A) 80 percent or more of your annual gross revenues from Federal procurement contracts/subcontracts & federal financial assistance or subawards subject to the Transparency Act (2 CFR 170.320). | Yes | No |
| And | | |
| (B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts /subcontracts & federal financial assistance subject to the Transparency Act (and subawards). | | |
| And | | |
| ii. The public does not have access to information about the compensation of executives. | | |
| To determine if the public has access to the compensation information: U.S. Security and Exchange Commission total compensation filings | | |
| 2. Where and When to Report | | |
| i. To the Vermont Department of Public Safety (Recipient) | | |
| ii. By the end of the month following the month during which you were granted the subaward. | | |
| For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), the subrecipient must report any required compensation information by November 30 of that year. | | |
| If all responses above are yes: | | |
| Report total compensation for each of the five most highly compensated executives for the subrecipient's preceding completed fiscal year. | | |
| Name | Title | Compensation |
| Name | Title | Compensation |
| Name | Title | Compensation |
| Name | Title | Compensation |
| Name | Title | Compensation |

Subgrant Agreements

- Once all compliance checks have been completed a subgrant agreement will be issued to the subrecipient.
- Authorized Representative will need to review, initial and sign the agreement.
- On page 4 of the subgrant agreement, the Authorized Representative must initial that they have read and understand all Attachments along with signing the agreement.

Attachments: This Agreement consists of 21 pages including the following attachments that are incorporated herein:

Please initial that you have read and understand each Attachment.

- ____ Grant Agreement-Part 1 – Grant Award Detail
- ____ Grant Agreement-Part 2
- ____ Attachment A - Scope of Work to be Performed
- ____ Attachment B - Payment Provisions
- ____ Attachment C - Customary State Agreement Provisions
- ____ Attachment D - Other Provisions
- ____ Attachment E - Funding Source Special Conditions

We, the undersigned parties, agree to be bound by this agreement, its provisions, attachments and conditions contained herein.

STATE OF VERMONT
Department of Public Safety

SUBRECIPIENT
Authorized Representative

By:

By:

Signature

Signature

Printed Name: _____
Commissioner/Deputy Commissioner

Printed Name: _____

Title: _____

Date: _____

Date: _____

Your signature on this agreement attests to the acceptance of all provisions, attachments and conditions contained herein.

Reimbursement Requests

- Must have an obligated project by FEMA
 - Small projects less than \$250,000
 - Large projects \$250,000 or more
- Require supporting documentation for the expenditures (invoices, proof of payment, payroll documentation, etc.)
- Financial Report Forms will be prefilled out based on obligated projects that are ready to be paid.
 - Authorized Representative needs to complete Section 15 – Certification.
 - Project worksheet for those projects being reimbursed will be provided with Financial Report Form

| VERMONT | | DEPARTMENT OF PUBLIC SAFETY | | | FINANCIAL REPORT FORM | | INV #84720--RPT1 | |
|---|--|-----------------------------|--|--|----------------------------------|----------------------------------|-----------------------|--------------------------------|
| 1. SUBAWARD NAME Public Assistance | | | | 2. SUBAWARD NUMBER 02140-84720 | | | Report 1 | |
| 3. IF THIS IS A CORRECTED REPORT, ENTER THE ORIGINAL DATE OF THE REPORT BEING CORRECTED. | | | | 3a. ORIGINAL DATE | | 4. MATCH REQUIRED 25% | | <input type="checkbox"/> FINAL |
| 5. FEDERAL TAX ID NUMBER 03- | | | 6. FUNDING/SUBGRANT PERIOD FROM: 7/14/2023 TO: 1/14/2025 | | 7. REPORT PERIOD FROM: TO: | | | |
| 8. SUBRECIPIENT NAME AND ADDRESS | | | | 9. PAYEE (WHERE CHECK IS TO BE SENT IF DIFFERENT FROM 8) | | | | |
| 10. NAME OF CONTACT PERSON | | | | 11. TELEPHONE NUMBER | | 12. EMAIL | | |
| 13A. SUBAWARD BUDGET CATEGORIES | | | | 13B. SUBAWARD BUDGET | 13C. PRIOR EXPENDITURES | 13D. CURRENT PERIOD EXPENDITURES | 13E. SUBAWARD BALANCE | |
| PERSONAL SERVICES: | | | | | | | | |
| Salaries and Benefits | | | | 0.00 | | | | 0.00 |
| Contractual | | | | 0.00 | | | | 0.00 |
| Total Personal Services | | | | 0.00 | 0.00 | 0.00 | | 0.00 |
| OPERATING EXPENSE: | | | | | | | | |
| Supplies | | | | 0.00 | | | | 0.00 |
| Travel | | | | 0.00 | | | | 0.00 |
| Equipment | | | | 0.00 | | | | 0.00 |
| Other | | | | 0.00 | | | | 0.00 |
| Indirect Cost | | | | 0.00 | | | | 0.00 |
| Total Operating Expense | | | | 0.00 | 0.00 | 0.00 | | 0.00 |
| Total Program | | | | 0.00 | 0.00 | 0.00 | | 0.00 |
| 14A. FINANCIAL REPORT SECTION | | | | 14B. | 14C. | 14D. | 14E. | |
| | | | | BUDGET | PRIOR EXPENDITURES | CURRENT PERIOD EXPENDITURES | BALANCE | |
| Recommended Match (To Meet Match Requirement) | | | | | | 0.00 | | |
| Non-Federal Share (Match) | | | | 0.00 | | 0.00 | | 0.00 |
| Federal Share | | | | 0.00 | | | | 0.00 |
| GRANT PAYMENT NOW REQUESTED | | | | | | 0.00 | | |
| | | | | 15. CERTIFICATION | | | | |
| I certify to the best of my knowledge and belief the data included on this report are correct, all supporting documentation is on file and available for inspection, and that all outlays have been or will be made in accordance with the subward conditions or other agreement, and that payment is due and has not been previously requested. I am aware that any false, fictitious, or fraudulent information may be subject to criminal, civil, or administrative penalties (U.S. Code, Title 18, Section 1001). | | | | SIGNATURE OF SUBRECIPIENT AUTHORIZING OFFICIAL | | | DATE SUBMITTED | |
| | | | | TYPED OR PRINTED NAME AND TITLE | | | TELEPHONE NUMBER | |
| DO NOT WRITE IN THIS SECTION. FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY | | | | | | | | |
| The Account Payable Office is authorized to process payment to this subrecipient. | | | | | | | | |
| 16. VENDOR ID/ ADDRESS | | 17. ACCOUNT | 18. FUND | 19. DEPARTMENT ID | 20. CLASS | 21. PROJECT | 22. CFDA # | |
| | | 50000/550500 | 22005 | 2140031000 | 00001 | 84720- | 97.036 | |
| DPS Signature Authority Approval: | | | | Date: | | Comment: | | |
| DPS Financial Office Signature: | | | | Date: | | | | |
| ADM-116a - July 2020 | | | | | | | | |

Vermont Department of Public Safety Finance Team Contact

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