



Third-Party Subaward Compliance Checklist

Upon completion, email a copy of this form to: criminaljustice@fdle.state.fl.us

Applicant Name:

FDLE Application #:

Third-Party Name:

Third-Party Subaward ID:

Total Subaward Amount:

Grant Funded Amount:

This document should be used for agreements that are determined to be a **subrecipient** relationship based on the OCJG Subrecipient Contractor Determination Checklist. Entities passing funds through to a "subrecipient" must ensure compliance with 2 CFR §200.332 – *Passthrough entity requirements*.

Failure to address or provide documentation of compliance with the appropriate requirements as listed below may result in a withholding of funds condition being placed on the award. This type of condition will prevent the review and approval of any reimbursement requests, ultimately delaying payment.

Part I: Third-Party Review

- | | | | |
|----|--|-----|----|
| 1. | Does the third-party have a UEI number?
<i>If no, contract is not eligible for reimbursement with federal funds until a UEI number is obtained.</i> | Yes | No |
| 2. | Does the third-party have an active SAM.gov registration? Note: Documentation of your search must be maintained for monitoring.
<i>If no, contract is not eligible for reimbursement with federal funds until an active SAM.gov registration is obtained.</i> | Yes | No |
| 3. | Does the third-party have a current EEO Certification? | Yes | No |

Part II: Third-Party Subaward Review

- | | | | | |
|----|--|-------|-----|----|
| 1. | Does the third-party subaward identify the federal program <u>AND</u> include the federal award number? | Page: | Yes | No |
| 2. | Does the third-party subaward clearly identify the third-party's UEI number? | Page: | Yes | No |
| 3. | Does the third-party subaward identify the project period start and end date <u>AND</u> is it consistent with the project period of the FDLE subaward? | Page: | Yes | No |
| 4. | Does the third-party subaward clearly establish a budget period <u>AND</u> is it consistent with the project period of the FDLE subaward? | Page: | Yes | No |
| 5. | Does the third-party subaward clearly identify the total amount of federal funding obligated to the third-party? | Page: | Yes | No |



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- 6. Does the third-party subaward contain a project description/summary? Page: Yes No
- 7. Does the third-party subaward identify the federal awarding agency, all pass-through entities, and official contact information? Page: Yes No
- 8. Does the third-party subaward contain the Catalog of Federal Domestic Assistance (CFDA) number? Page: Yes No
- 9. Does the third-party subaward clearly indicate whether the project is considered research and development? Page: Yes No
- 10. Does the third-party subaward clearly state the indirect cost rate? Page: Yes No
- 11. Does the third-party subaward contain, or include by reference or attachment, the federal program standard conditions issued by FDLE? Page: Yes No
- 12. Does the third-party subaward contain a condition permitting access to records by the pass-through entities and/or federal awarding agency? Page: Yes No
- 13. Does the third-party subaward require the entity to maintain grant-related records for a minimum of five years? Page: Yes No

Part III: Pass-through Entity Requirements

- 1. Does the applicant organization understand they will be required to complete a Third-Party Subaward Risk Assessment and provide a copy at monitoring? Yes No
- 2. Does the applicant organization understand they will be required to complete a Third-Party Subaward Monitoring Tool and provide a completed copy (including supporting documentation) at monitoring? Yes No

Part IV: Certification

As the duly authorized representative, I acknowledge, understand and agree to abide by all applicable federal subaward and pass-through entity provisions established in 2 C.F.R. 200.332. I understand the failure to comply with all provisions and conditions regarding subawards under federal awards may result in the withholding of funds, disallowance of project costs, and/or classification of questioned costs. Additionally, I understand documentation to verify compliance with the provisions above must be maintained and provided at the time of monitoring.

Signature:  Date: _____

Name: _____ Title: _____