



**Subaward Management
Capabilities and Compliance
Questionnaire (SMQ)**

Upon completion, send a copy of this form to:
 Florida Department of Law Enforcement
 Office of Criminal Justice Grants
 Post Office Box 1489
 Tallahassee, FL 32302-1489
criminaljustice@fdle.state.fl.us

Grant Program: JAG PREA NARIP NCHIP RSAT PSN
 Other: _____

Subrecipient: Pinellas County **FEID:** 596000800 **DUNS:** 055200216

OVERVIEW

In order to meet eligibility requirements, applicants must be able to document compliance with the following prior to receiving a subaward:

- 2 C.F.R Part 25 – *Universal Identifier and System for Award Management Requirements*
- 28 C.F.R Part 42 – *Nondiscrimination; Equal Employment Opportunity, Policies and Procedures*
- 2 C.F.R Part §200.318-326 – *Federal Procurement Standards*
- 2 C.F.R §200.300-309 – *Standards for Financial and Program Management*

INSTRUCTIONS

Applicants seeking federal financial assistance from the Florida Department of Law Enforcement (FDLE), Office of Criminal Justice Grants (OCJG) should complete this questionnaire and provide all applicable documents with the submission of their application. Failure to provide appropriate forms, certifications, policies, procedures, or other documentation for the proposed project may result in special conditions being placed on the subaward which must be cleared prior to beginning project activities and/or approval of reimbursement requests.

This form, along with other application forms, may be submitted to criminaljustice@fdle.state.fl.us if scanned at the highest resolution (at least 600 dpi).

Note: Each applicant only needs to submit one pre-award monitoring packet regardless of how many applications for funding are being submitted. Applicants should ensure all "project-specific" forms can be easily identified.

CONTACT INFORMATION

For questions regarding this pre-award monitoring packet, contact FDLE's Office of Criminal Justice Grants at (850) 617-1250 or criminaljustice@fdle.state.fl.us

APPLICATION POINT-OF-CONTACT (POC)

Please provide a point-of-contact to coordinate any additional information requests FDLE's Office of Criminal Justice Grants may have during review of this packet and your application.

Name: Deborah Berry
Title: Operations Manager
Agency: Pinellas County Human Services, Justice Coordination
Phone: 727-453-7441
Email: dberry@pinellascounty.org

The following section consists of a series of questions to aid in determining compliance with federal regulations required to properly administer these funds. Please read all questions carefully as some questions may require coordination with other divisions/bureaus in your agency (i.e. finance, purchasing, human resources, etc.). Additionally, to avoid possible special conditions being placed on your subaward, please ensure all requested documentation is submitted with this questionnaire.

Subaward Management Capabilities and Compliance Questionnaire

SECTION I: AUDIT INFORMATION

The **SUBRECIPIENT** has undergone the following types of audits:

Single Audit Financial Statement Audit Defense Contract Agency Audit

Programmatic Audit for: _____

Other Audit: Bureau of Justice Assistance

None of the above

The **SUBRECIPIENT'S** most recent audit was conducted:

Within the past 12 months Within the past two years More than two years ago

Name of Auditing Agency/Firm: Crowe Horwath LLP

Most recent auditor's opinion: Unqualified/Unmodified Qualified/Modified Other

Number of Findings on **most recent audit only**: 0

Were material weaknesses noted in the audit? Yes No

Were significant deficiencies noted in the audit? Yes No

Has the subrecipient addressed all findings and provided a management response or implemented corrective action? Yes No N/A

SECTION II: NON-PROFIT ORGANIZATION

1. Is the applicant entity a non-profit organization (including a non-profit institution of higher education) as described in 26 U.S.C. 501(c)(3) **AND** exempt from taxation under 26 U.S.C. 501(a)? Yes No N/A

If "No" or "N/A" skip to Section III: Accounting System. If "Yes", complete the questions 2 and 3 below.

2. Does the applicant non-profit organization maintain offshore accounts for the purpose of avoiding paying the tax described in 26 U.S.C. 511(a)? Yes No

3. With respect to the most recent year the applicant non-profit organization was required to file a tax return, does the applicant nonprofit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 relating to the reasonableness of compensation for certain individuals? Yes No

SECTION III: ACCOUNTING SYSTEM

Helpful Hint – answers to these questions may need to be obtained from your finance department.

1. Which of the following best describes the organization's accounting system:

Manual Automatic Combination

2. Does the accounting system identify the receipt and expenditure of funds separately for each grant? Yes No

3. Does the accounting system record and track expenditures for each grant by budget categories in the approved budget? Yes No

4. Does the accounting system have the capability to record, track, and document cost share or match for each grant? Yes No

5. Is the organization documentation to support recorded match or cost share available if requested? Yes No

6. Does the accounting/financial system include budgetary controls to prevent incurring obligations in excess of total funds or budget category (i.e. personnel, travel, etc.)? Yes No

7. Is the financial management system capable of producing the following:
a. Detailed Activity Ledger? Yes No

Subaward Management Capabilities and Compliance Questionnaire

b. Cash Control Register?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Property Control Register? (equipment purchases)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION IV: INTERNAL CONTROLS & SEPARATION OF DUTIES

Helpful Hint – answers to these questions may need to be obtained from your finance and/or purchasing department.

1. Are the duties of the person responsible for maintaining financial records separated from any cash-related functions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are personnel who perform disbursement functions prohibited from purchasing, receiving and inventorying items? If no, are these functions approved by a third party?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> N/A
3. Is the signing of disbursement checks limited to individuals:		
a. Who are authorized to make disbursements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Whose duties do not include:		
- Posting and recording of accounts receivable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
- Approving vouchers for payment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. Describe the financial process/accounting mechanism used by the applicant to track grant funds separately from general revenue, other federal projects, and/or multiple funding sources.

The County has an Oracle based accounting and financial management system. The County utilizes the Project Accounting module to track revenues related to individual grants separately. The Projects Module interfaces to the General Ledger module so that all transactions are separately identified by project number.

5. What measures are used to verify all cost elements on a reimbursement request are allowable under an approved subaward agreement?

The grant manager reviews every invoice for eligibility of expenditures. The grant manager then signs off and submits invoice to department accounting staff for review and approval.

6. What internal control measures are used to safeguard sensitive information (i.e. personally identifiable information, law enforcement sensitive information, etc.) relating to activities, expenditures, documentation, etc.?

The County has an administrative directive related to Personally Identifiable Information, that County staff follows. It is Administrative Directive 2-9.

SECTION V: CIVIL RIGHTS

Helpful Hint – answers to these questions may need to be obtained from your human resource department.

1. Please indicate if any of the following apply to the applicant organization:

Indian Tribe
 Medical Institution
 Nonprofit Organization
 Educational Institution

Does not apply to applicant organization

2. How many total employees are there in the applicant organization? 3,100

Subaward Management Capabilities and Compliance Questionnaire

3. What is the amount of the <u>single largest award</u> the organization receives from the U.S. Department of Justice (DOJ), or any of DOJ's pass-through entities, under <u>ANY</u> program?	\$889,229 <input type="checkbox"/> Entity does not receive DOJ funds
4. Does the organization have an Equal Employment Opportunity Compliance Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide name and title: <u>Paul Valenti, Director of Human Rights</u>	
5. Does the organization have an Americans with Disabilities Act (ADA) Coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide name and title: <u>Paul Valenti, Director of Human Rights</u>	
6. Describe how the applicant organization notifies employees <u>AND</u> program participants that it does not discriminate on the basis of race, color, national origin, religion, sex, disability or age?	
Internal and external trainings, posting of ADA, EEO, Title VI, policies and complaint procedure, as well as LEP Plan and complaint procedure under Title VI, on-line, and in postings at county facilities – primarily Pinellas County Office of Human Rights, 400 S Fort Harrison Ave., Clearwater, FL 33756.	
7. Does the applicant organization have a written policy or procedure instructing employees <u>and</u> program participants how to file a complaint regarding discrimination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the applicant organization had any findings of discrimination issued by a State or Federal court in the past three years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SECTION VI: PROCUREMENT	
<i>Helpful Hint – answers to these questions may need to be obtained from your finance and/or purchasing department.</i>	
1. Does the organization maintain written procurement procedures which includes provisions for:	
a. Conflict of interest procedures or statements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Disciplinary action for conflict of interest violations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Avoiding acquisition of unnecessary or duplicative items?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Entering into intergovernmental agreements for shared purpose goods/services?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Only procuring or awarding contracts to responsible contractors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Geographical preference?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Non-competitive procurement (sole source)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the procurement system provide a mechanism to make selections on a competitive basis?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the procurement system include provisions for checking the Excluded Parties List (sam.gov) prior to award?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION VII: INVENTORY	
<i>Helpful Hint – answers to these questions may need to be obtained from your finance and/or purchasing department.</i>	
1. Does the organization's property management system provide and maintain the following information:	
a. A description of the equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. A property identification number?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Source of the property, including award number if grant funded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Subaward Management Capabilities and Compliance Questionnaire

d. Who the title vests with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Acquisition date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Federal share of property cost, if federally funded?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Location and condition of property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Ultimate disposition information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is documentation regarding property management available, if requested, for grant funded items?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION VIII: SUBRECIPIENT MANAGEMENT AND MONITORING		
1. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award – (1) clearly document applicable federal requirements, (2) are appropriately monitoring by the applicant, and (3) comply with the requirements in 2 CFR 200 (see 2 CFR 200.331)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the applicant entity aware of the differences between subawards under federal awards and procurement contracts under federal awards, including the different roles/responsibilities associated with each?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from making a subaward under a federal award to any entity or individual that is suspended or debarred from such subawards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION IX: HIGH RISK DESIGNATION		
1. Is the applicant entity designated "high risk" by a federal grant making agency or other pass-through entity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY		
<p>On behalf of the applicant entity, I certify to the Florida Department of Law Enforcement that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.</p>		
Title: <u>Director of Human Services</u>	Phone: <u>727-464-4206</u>	
Date: <u>09/17/2019</u>	Signature: 	