



Exhibit A

Baldwin County Commission

Subrecipient Questionnaire

This questionnaire is used to help determine a subrecipient organization's financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. Please complete the following questionnaire and submit all related documents as necessary.

SECTION A: GENERAL INFORMATION

Project Title:	Town of Loxley Transit Hub
Point of Contact for matters concerning this project:	Name: Robert C. Davis Address: P.O. Box 9, Loxley, AL 36551 Phone: (251)964-7644 Fax: (251)964-5371 Email: rdavis@townofloxley.org URL: www.townofloxley.org DUNS #: <input type="text"/> EIN: <input type="text"/> Reg. in SAM? Yes <input checked="" type="radio"/> No <input type="radio"/> Number of Employees: 65 Exp. Date of Current SAM Registration: 05/08/2020

SECTION B. SUBRECIPIENT ELIGIBILITY

Is your organization or your organization's principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency?

☐ Yes

☒ No

SECTION C. SUBRECIPIENT ORGANIZATION INFORMATION (please fill out the information below, as appropriate)

1. Type of organization (check all that apply):

☐ University

☒ Government Entity

☐ Foundation

☐ Non-Profit Org

☐ For-Profit Org

☐ Other _____

2. Fiscal year dates (month and year):

October 1st- September 30th

3. Name of designated federal cognizant agency, if applicable:

4. Negotiated Indirect Cost Rate:

☐

Yes

☒

No

URL: _____

If yes, please provide a copy of your current rate agreement or provide the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2 CFR 200.414.

5. Fringe Benefit rate:

☒

Yes

☐

No

URL: _____

6. Has organization received in the past the same or similar Federal subawards to the current subaward?

☐

Yes

☒

No

7. Does organization have on-going Federal awards? (2 CFR 200.331)

☒

Yes

☐

No

If yes, is the awarding agency currently monitoring subrecipient activity?

☒

Yes

☐

No

If yes, please describe:

The Town is currently receiving funds from FEMA for reimbursement, a CDBG Grant, USDA Grant/Loan, TAP Grant and FTA/ESMPO 5307 Funded Project.

8. Please certify policies and/or procedures exist that address the following:

☒

Pay Rates and Benefits

☒

Conflict of Interest

☒

Purchasing

☒

Time and Attendance

☒

Travel

☒

Equipment & Inventory

☒

Leave

By signing this document, subrecipient certifies that policies and/or procedures shown above are in place. If not, then subrecipient agrees to abide by the State's policies and/or procedures.

9. Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?

☒

Yes

☐

No

☐

N/A

10. Has any new system been recently put in place or has there been any change to the existing system (e.g., accounting, information, management, etc.)? (2 CFR 200.331)

☐ Yes

☒ No

If yes, please explain:

11. Does organization have any new personnel (e.g., key personnel, financial management, grants management, IT management, or other staff serving in grants administration role)? (2 CFR 200.331)

☐ Yes

☒ No

If yes, please explain:

12. Has organization in the preceding fiscal year expended any federal funds in either direct or indirect Federal awards?

☒ Yes

☐ No

If yes, please indicate the expenditure amount:

\$9,600.00

13. Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most current fiscal year.

☒ Yes

☐ No

14. Does organization adhere to Subpart E Cost Principles of 2 CFR 200 under the proposed subaward?

☒ Yes

☐ No

☐ N/A

15. Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?

☒ Yes

☐ No

16. Does the financial system provide for the control and accountability of project funds, property, and other assets?

☒ Yes

☐ No

17. Are duties separated so that no one individual has complete authority over an entire financial transaction?

☒ Yes

☐ No

If no, please explain below:

18. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?

☒ Yes

☐ No

If no, please explain below:

19. Are all disbursements properly documented with evidence of receipt of goods or performance?

☒ Yes

☐ No

If no, please explain below:

20. Are all bank accounts reconciled monthly?

☒ Yes

☐ No

If no, please explain below:

21. Are payroll charges checked against program budgets?

☒ Yes

☐ No

If no, please explain below:

22. What system does your organization use to control paid time, especially time charged to sponsored agreements?

Quickbooks Enterprise

23. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all sponsored agreements, grants and contracts?

☒ Yes

☐ No

If no, please explain below:

24. Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?

☒ Yes

☐ No

If no, please explain below:

25. Describe your organization's procedures to ensure that costs deemed unallowable, per Federal guidelines (2 CFR 200), are excluded from the amount charged to a grant?

A Grant Writer and/or Project Manager is assigned to all necessary projects and that individual ensures all Federal guidelines are met.

26. Are there procedures to ensure procurement at competitive prices?

☒ Yes

☐ No

If no, please explain below:

27. Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?



Yes



No

If no, please explain below:

28. How does the organization ensure that all cost transfers are legitimate and appropriate?

All transfers are audited by a Certified Public Accountant.

Authorized Representative Approval

By signing below, the authorized representative certifies, to the best of subrecipient's knowledge, all information submitted on this form, or attached for submission to ADCNR, is accurate and complete.



Signature

Date: 5/7/2021

Robert Davis, Superintendent of Utilities

Printed Name & Title

For County Use Only:

Risk Level Determination: _____ Lower _____ Medium _____ Higher

Notes: _____

Approved: _____

Date: _____