Third-Party Subaward Compliance Checklist

Upon completion, email a copy of this form to:
CJgrants@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?   **Yes**   **No**
   If no, contract is not eligible for reimbursement with federal funds until a UEI number is obtained.

2. Does the third-party have an active SAM.gov registration?Note: Documentation of your search must be maintained for monitoring.   **Yes**   **No**
   If no, contract is not eligible for reimbursement with federal funds until an active SAM.gov registration is obtained.

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 AND 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 AND 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 AND 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: _____