FDLE GRANT PROGRAM
SUBAWARD MANAGEMENT QUESTIONNAIRE (SMQ)

Eligible Recipient Name: _____ **UEI:** _____

OVERVIEW
Recipients of federal financial assistance must be able to document compliance with the following sections of the Code of Federal Regulations (CFR) prior to receiving an award:

- 2 CFR Part 25 – Universal Identifier and System for Award Management Requirements
- 28 CFR Part 42 – Nondiscrimination; Equal Employment Opportunity, Policies and Procedures
- 2 CFR §200.300-309 – Standards for Financial and Program Management
- 2 CFR §200.313 – Equipment (Inventory)
- 2 CFR §200.318-326 – Federal Procurement Standards
- 2 CFR §200.331 – Requirements for Pass-through Entities
- 2 CFR §200.430 – Compensation (Personal Services)

INSTRUCTIONS
This questionnaire is required for all recipients seeking federal financial assistance from the Florida Department of Law Enforcement (FDLE), Criminal Justice Grants (CJG). The answers on this questionnaire will be reviewed by CJG to evaluate the recipient's ability to comply with the federal regulations listed above. This questionnaire must be completed and provided to CJG annually with each application. Failure to provide a completed questionnaire at the time of application will result in a withholding of funds condition being placed on your pending award.

Please read all questions carefully as they may require coordination with other divisions/bureaus in your agency (i.e. finance, purchasing, human resources, etc.).

CONTACT INFORMATION
For questions or assistance, contact FDLE's Criminal Justice Grants at (850) 617-1250 or CJgrants@fdle.state.fl.us.

ORGANIZATION POINT-OF-CONTACT
Please provide a point-of-contact to coordinate any additional information requests FDLE's Criminal Justice Grants may have during the review of this questionnaire.

Name: _____

Title: _____

Agency: _____

Phone: _____

Email: _____

********** **FDLE USE ONLY** **********

Score Total: 0 Monitoring Determination: DESK*

**Subject to change at the discretion of Criminal Justice Grants.*

Leadership Override: ☐ Desk ☐ Site Visit

Reason:

Signature: _____ Date: _____

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Section I: General Information

1. Has the eligible recipient been designated high-risk within the past three years by a federal entity or pass-through agency, including FDLE? ☐ Yes ☐ No

   a. What is the name of the entity that designated your organization as high-risk?

   _____

   b. Describe the reason(s) for the high-risk designation below.

2. Has the eligible recipient received an award from Criminal Justice Grants within the past three years? ☐ Yes ☐ No
3. Has the eligible recipient experienced turnover in key staff positions in the past six months? Key staff positions include Chief Official, Chief Financial Officer, and/or Recipient Grant Manager. ☐ Yes ☐ No
4. Does the eligible recipient retain all award files and records of award purchases for a minimum of five years after award closeout? ☐ Yes ☐ No
5. Does the eligible recipient utilize the E-Verify system to confirm a new employee's employment eligibility as required by Section 448.095(2), Florida Statutes? ☐ Yes ☐ No

Section II: Audit Information

You may wish to consult with your agency's Finance department to complete this section.

1. Select the fiscal year of the eligible recipient's most recently completed Comprehensive Annual Financial Report (CAFR). _____
2. Review the Schedule of Findings within the audit for the fiscal year named above. Did the auditor:

   a. Express a qualified or modified opinion? ☐ Yes ☐ No

   b. Note any material weaknesses and/or significant deficiencies? ☐ Yes ☐ No

3. A Single Audit Certification form for the specified fiscal year named above must be completed and uploaded with your AmpliFund application. ☐ Completed
4. Has the eligible recipient verified the audit above has been submitted to the Florida Department of Financial Services and the Florida Auditor General? ☐ Yes ☐ No

Section III: Equal Employment Opportunity (EEO)

You may wish to consult with your agency's Human Resources department to complete this section.

1. Is the eligible recipient aware they must comply with federal civil rights regulations, including certifications and plan requirements outlined in 28 CFR Part 42? ☐ Yes ☐ No

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2. Has the eligible recipient organization had any findings of discrimination issued by a state or federal court in the past three years? If "yes", upload a copy with SMQ attachments in AmpliFund. ☐ Yes ☐ No

Section IV: Tiered Contractor/Subrecipient Management and Monitoring

You may wish to consult with your agency's Purchasing or Finance department to complete this section.

1. Does the eligible recipient have written policies, procedures, and/or guidance designed to ensure that any tiered subawards made under a federal award – (1) clearly documents applicable federal requirements; (2) are appropriately monitored by the subrecipient; and (3) ensure compliance with the requirements of 2 CFR 200.331? If "yes" AND this award allocates funds in the Third-Party Subaward budget category, upload a copy with the SMQ attachments in AmpliFund. ☐ Yes ☐ No

2. Is the eligible recipient aware of the difference between subawards and procurement contracts under federal awards, including the different roles, responsibilities, and compliance requirements associated with each? ☐ Yes ☐ No

3. Does the eligible recipient have written policies and procedures designed to prevent issuing a tiered subaward or contract under a federal award to any entity or individual that is suspended or debarred from such funding? ☐ Yes ☐ No

4. Do all third-party agreements with any tiered contractor or subrecipient (at any tier) require the contractor/recipients to register with and use the E-Verify system to verify the work authorization status of all new employees of the tiered contractor or subrecipient (at any tier) in accordance with Section 448.095(5), Florida Statutes? ☐ Yes ☐ No

Section V: Accounting System

You may wish to consult with your agency's Finance department to complete this section.

1. Does the eligible recipient's accounting system:
   a. Identify the receipt and expenditure of funds separately for each grant (i.e. no commingling of funds)? 200.302(b)(1) ☐ Yes ☐ No
   b. Identify the specific award number in the accounting system for tracking grant revenue and expenditures? 200.302(b)(1) ☐ Yes ☐ No
   c. Record and track expenditures for each grant by budget categories in the approved budget? 200.302(b)(5) ☐ Yes ☐ No
   d. Record, track, and document cost share or match for each grant? 200.306(b)(1) ☐ Yes ☐ No
   e. Produce detailed ledgers and registers? 200.302(b)(3) ☐ Yes ☐ No
   f. Include budgetary controls to prevent incurring obligations in excess of total funds? 200.308(b) ☐ Yes ☐ No

2. In the event of a cash advance payment, does the applicant entity have written procedures to minimize the time between the receipt of the cash advance and disbursement of the advanced funds? If "yes", upload a copy with the SMQ attachments in AmpliFund. ☐ Yes ☐ No

3. Does the eligible recipient have written procedures for financial management of federal grant funds? If "yes", upload a copy with the SMQ attachments in AmpliFund. ☐ Yes ☐ No

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Section VI: Internal Controls

You may wish to consult with your agency's Finance department to complete this section.

1. Does the applicant entity have written internal control procedures for the management of federal awards that align with federal guidance such as the Standards for Internal Control in the Federal Government (Green Book) or the Internal Control Integrated Framework? 2 CFR 200.303(a) If "yes", upload a copy with the SMQ attachments in AmpliFund. ☐ Yes ☐ No
2. Does the applicant entity have cybersecurity measures in place to safeguard personally identifiable information (PII) and other types of sensitive information? 2 CFR 200.303(e) ☐ Yes ☐ No
3. Does the applicant entity have written procedures in place to safeguard personally identifiable information (PII) and law enforcement sensitive data? 2 CFR 200.303(e) If "yes", upload a copy with the SMQ attachments in AmpliFund. ☐ Yes ☐ No
4. Does the applicant entity have procedures in place to ensure grant funds will not be used to supplant local funds that have already been appropriated for the proposed activities? Section 2.3 of the DOJ Grants Financial Guide ☐ Yes ☐ No
5. Does the applicant provide written notice to employees regarding whistleblower protections outlined in 41 USC 4712? If "yes", upload a copy with the SMQ attachments in AmpliFund. ☐ Yes ☐ No

Section VII: Inventory

You may wish to consult with your agency's Purchasing or Finance department to complete this section.

1. Does the eligible recipient's organization have written procedures governing their inventory process? 200.313(d) If "yes", upload a copy with the SMQ attachments in AmpliFund. ☐ Yes ☐ No
2. Indicate whether the eligible recipient's property management system provides and maintains the following information: 200.308(d)(1)
   a. Description of the equipment; ☐ Yes ☐ No
   b. Property identification number; ☐ Yes ☐ No
   c. Source of the property (including award number if grant funded); ☐ Yes ☐ No
   d. Who the title vests with; ☐ Yes ☐ No
   e. Acquisition date; ☐ Yes ☐ No
   f. Federal share of property cost (if federally funded); ☐ Yes ☐ No
   g. Location and condition of property; and ☐ Yes ☐ No
   h. Ultimate disposition information. ☐ Yes ☐ No
3. Does the eligible recipient assure that all grant-funded property is maintained and insured in compliance with federal requirements? 200.308(d)(3) ☐ Yes ☐ No
4. Does the eligible recipient have written procedures to report and investigate all grant-funded property loss, theft, or damage, including steps to report it to the FDLE grant manager? If "yes", upload a copy with the SMQ attachments in AmpliFund. ☐ Yes ☐ No

Section VIII: Procurement

You may wish to consult with your agency's Purchasing or Finance department to complete this section.

The questions below allow the eligible recipient to self-certify its procurement system in accordance with 2 CFR 200.324(c)(2). If answering "yes", a page number must be provided.

1. Does the eligible recipient have a written procurement policy? If "yes", upload a copy with the SMQ attachments in AmpliFund. ☐ Yes ☐ No

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2.	Does the procurement policy contain a conflict-of-interest statement? 200.318(c)	☐ Yes	☐ No	Page:_____
3.	Does the conflict of interest procedure/statement include disciplinary actions for violations? 200.318(c)	☐ Yes	☐ No	Page:_____
4.	Does the procurement policy have provisions for avoiding purchase of unnecessary or duplicative items? 200.318(d)	☐ Yes	☐ No	Page:_____
5.	Does the procurement policy permit the use of intergovernmental agreements (i.e. state contract, etc.)? 200.318(e)	☐ Yes	☐ No	Page:_____
6.	Does the procurement policy include requirements to verify contractors/vendors are neither suspended nor debarred in SAM.gov? 200.318(h)	☐ Yes	☐ No	Page:_____
7.	Does the procurement policy have a threshold for purchases that do not require quotes (micropurchases) that is less than or equal to an aggregate purchase of $10,000? 200.320(a)	☐ Yes	☐ No	Page:_____
8.	Does the procurement policy require informal competition (i.e. quotes) when an aggregate purchase exceeds $10,000? 200.320(b)	☐ Yes	☐ No	Page:_____
9.	Does the procurement policy require formal competition (i.e. sealed bids, competitive proposals, etc.) when purchases meet or exceed $250,000? 200.320(c-d)	☐ Yes	☐ No	Page:_____
10.	Does the procurement policy allow noncompetitive procurements (sole source) under *only* the following three circumstances: item(s) only available from a single source; public emergency; and/or inadequate competition? 200.320(f)	☐ Yes	☐ No	Page:_____

Section IX: Certification and Signature

On behalf of the eligible recipient, 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 eligible recipient.

Signature: Title: _____

Typed Name: _____ Date: _____

This form is valid for one year from the date of signature and does not need to be resubmitted during a grant period.

THE FOLLOWING SECTION IS FOR FDLE USE ONLY

Section X: FDLE CJG SMQ Review

Grant Specialist C: _____ Date: _____

Comments: