**Checklist for Determining   
Subrecipient or Contractor Classification  
under an olhchh grant or cooperative agreement**

**INSTRUCTIONS:** Complete sections one and two of the checklist by marking all characteristics that apply to the entity being classified as a subrecipient (subgrantee) or as a contractor (vendor). The entity is prohibited from receiving both a contract and a subgrant for the same grant or cooperative agreement. Additional information can be provided in the comment section.

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN/TIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS No: \_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Entity**

**SECTION ONE – SUBRECIPIENT**

***Check all appropriate boxes***

1. Determines who is eligible to receive Federal assistance.

2. Commercial and Government Entity (CAGE) Code is listed as U.S. Local Government (City, County, State, or

Federal Recognized Tribal Government).

3. Has its performance measured in relation to whether objectives of a Federal program are met.

4. Provides public service for local U.S. government (See SAM) to people living within its jurisdiction, either

directly (through the public sector) or by financing provision of services, for example, a hospital or non-profit

organization with no fee/profit. If a non-profit organization has proposed a fee/profit or overhead cost, it

**shall be categorized** as a contractor; move to **Section Two** - **Contractor**).

5. Has responsibility for programmatic decision making.

6. Is responsible for adherence to applicable Federal program requirements specified in the Federal award; and in

accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in

authorizing statute, as opposed to providing goods or services for the benefit of the pass‐through entity.

7. This section is not applicable to the above entity.

**Comments:**

**SECTION TWO – CONTRACTOR**

***Check all appropriate boxes***

1. Provides the goods and services within normal business operations;

2. A non-profit organization or a profit organization that proposes a fee/profit or overhead cost;

3. Provides similar goods or services to many different purchasers;

4. Normally operates in a competitive environment;

5. Provides goods or services that are ancillary to the operation of the Federal program; and

6. Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar

requirements may apply for other reasons.

**Comments:**

**Prime Recipient Information**

**Grant/Cooperative Agreement Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant/Cooperative Agreement**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Recipient Name from the Application for Federal Assistance (Form SF424, block 8a)**

**Program Manager/Principal Investigator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Print Name and Title)**

**SECTION THREE – Determination of Classification and Threshold Review**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is classified by Prime Recipient as a Subrecipient or  Contractor for

***Entity’s Name***

**Grant/Cooperative Agreement Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Threshold Review and Contract Findings** | |
| **Grant**  **(Threshold Review Processing)** | **Contract**  **\*Federal Awardee Performance and Integrity Information System (Report of Contracts Findings with the Federal Government)** |
|  | **Administrative Agreement yes**  **no** |
| **\*\*Excluded Party List**  **yes**  **no** | **Defective Pricing yes**  **no** |
| **\*\*Federal Delinquent Debt yes**   **no** | **DoD Determination of Contractor Fault yes**  **no** |
| **\*\*CAGE Code /Active CCR yes**   **no** | **Information on Trafficking in Persons yes**  **no** |
| **\*\*\*Federal Audit Clearinghouse yes**  **no** | **Non-Responsibility Determination yes**  **no** |
|  | **Recipient Not-Qualified Determination yes**  **no** |
|  | **Subcontractor Payment Issues yes**  **no** |
|  | **Termination for Cause yes**  **no** |
|  | **Termination for Default yes**  **no** |
|  | **Termination for Material Failure to Comply yes**  **no** |

**\*** [www.fapiis.gov](http://www.fapiis.gov/)

**\*\*** [www.sam.gov](http://www.sam.gov/)

**\*\*\*** [https://harvester.census.gov/facdissem](https://harvester.census.gov/facdissem/Main.aspx)r

**Approve**

|  |
| --- |
| ***Determination for Classification:*** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procurement Officer (Print Name)** **Procurement Officer Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Director (Print Name)** **Project Director Signature Date**

**PLEASE RETAIN FOR YOUR RECORDS ONLY**