**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**