



**Nevada Department of  
Health and Human Services**  
DIVISION OF PUBLIC AND  
BEHAVIORAL HEALTH

## 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

Organization Name:	Clark County Department of Family Services
Point of Contact for your organization:	Name: Debbie Watson, Accountant II Address: 500 S Grand Central Pkwy, 5th Floor, Las Vegas, NV 89155 Phone: 702-455-0848 Fax: 702-382-2004 Email: Deborah.Watson@ClarkCountyNV.gov URL: <a href="https://www.clarkcountynv.gov">https://www.clarkcountynv.gov</a> DUNS #: 08-3782953 EIN: 88-6000028 Reg. with SAM.gov? Yes <input checked="" type="radio"/> No <input type="radio"/> Number of Employees: 1,000 Exp. Date of Current SAM Registration: 8/13/2021

### 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

If yes, please skip the rest of the questionnaire, sign and return.

### 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. Your organizational Fiscal year dates (month and year):

July 1, 2020-June 30, 2021

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

See Single Audit

4. Negotiated Indirect Cost Rate: Does your organization have a federally approved indirect rate?

☐ Yes ☒ No URL: \_\_\_\_\_

If yes, please provide a copy of your current agreement or the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2 CFR 200.414; or, the maximum allowable percentage of administrative expenses according to the funding source.

5. Fringe Benefit rate: Does your organization have a fringe benefit rate?

☐ Yes ☒ No URL: \_\_\_\_\_

If yes, please provide a copy of your current fringe benefit rate memorandum or provide the URL.

6. Has your organization received in the past, subawards or subgrants which are similar to, or the same as, the currently proposed subaward? (2 CFR 200.331)

☒ Yes ☐ No

If yes, subrecipient hereby agrees to provide further documentation upon request.

7. Does your organization have on-going direct Federal awards where you receive funds directly from an awarding agency? (2 CFR 200.331)

☒ Yes ☐ No

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

☐ Yes ☒ No

If yes, please describe:

8. Please certify that 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 your organization have any new personnel (e.g., key personnel, financial management, grants management, IT management, or other staff serving in a grants administration role)? (2 CFR 200.331)

☐

Yes

☒

No

If yes, please explain:

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

☒

Yes

☐

No

If yes, please indicate the expenditure amount:

\$59,070,962

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

☒

Yes

☐

No

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

☒

Yes

☐

No

☐

N/A

15. Does your 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?

Kronos Timekeeping System

23. Does your 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?

Fiscal Directives for Grant Management/Accounting provide for checks and balances for proper documentation and multi level oversight. Purchasing Fiscal Directive provides for oversight of expenditures in accordance with terms of grant. Fiscal P&P provide for multi departmental oversight of all expenditures, and internal audit.

26. Does your organization follow purchasing 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 your organization ensure that all cost transfers are legitimate and appropriate?

Fiscal Directives for Grant Management/Accounting provide for checks and balances for proper documentation and multi level oversight. Purchasing Fiscal Directive provides for oversight of expenditures in accordance with terms of grant. Fiscal P&P provide for multi departmental oversight of all expenditures.

**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 is accurate and complete.

  
Signature

Date: 6/1/2021

**Margaret LeBlanc**

Printed Name & Title

**For Official Use Only:**

Risk Level Determination:        Lower        Medium        Higher

Notes: \_\_\_\_\_

\_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_