

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 INFO	DRMATION		
Organization Name:	Eighth Judicial District Court		
Point of Contact for	Name: DeNeese Parker		
your organization:	Address: 601 N. Pecos Rd., Las Vegas NV 89101		
	Phone: 702-455-1676 Fax: 702-455-5551		
	Email: parkerd@clarkcountycourts.us URL: http://www.clarkcountycourts.us/		
	DUNS #: 0882474650000 EIN: 88-6000028		
	Reg. with SAM.gov? Yes No Number of Employees:		
	Exp. Date of Current SAM Registration: <u>11/09/2021</u>		
SECTION B. SUBRECIPIENT	ELIGIBILITY		
Is your organization or you	r organization's principals presently debarred, suspended, proposed for debarment,		
declared ineligible or volun	starily excluded from participation in this transaction by any federal department or		
agency?			
Yes	No 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 (cl	heck all that apply):		
University	Government Entity Foundation		
Non-Profit Org	Other		
2. Your organizational Fisc	cal year dates (month and year):		
7/1/2021-6/30/2022			
3. Name of designated fee	deral cognizant agency, if applicable:		
N/A			
13/7			

4. Negotiated Indirect Cost Rate: Does your oganization 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 recieve 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:				
OJJDP, JAG, BJA, and SAMHSA Grant.				
Sobr, one, bort, and or twintort Grant.				
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				

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:		
DeNeese Parker was promoted to Assistant Court Administrator and Jaclyn Winter was promoted to Specialty Court Administrator. DeNeese Parker will remain the point of contact, until the Grant Coordinator is hired. Steve Grierson will remain the Authorizing Official.		
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:		
The following expenses are for each of the grants for FY21 (July 1 2020 to March 31, 2021). Please note that this is only 9 months for FY21. OJJDP STEP- \$50,599.47 OJJDP FTC- \$182,372.90 BJA MHC- \$119,301.32 SAMHSA ADC- \$331,685.64 SAMHSA FTC- \$302,652.28		
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 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 projessets?	ect funds, property, and other
• 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 examounts?	cess of approved, budgeted
Yes No	
If no, please explain below:	
19. Are all disbursements properly documented with evidence of receipt of goo	ds 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?
SAP
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?
The coordinators for each program review all invoices, initial, then send to the Specialty Court Administrator for review for grant compliance and signature. All grant related expenses submitted
to Fiscal Services.
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:
We do not maintain any capital assets to maintain this grant.
28. How does your organization ensure that all cost transfers are legitimate and appropriate?
We have a multi-step approval and authorization for all financial transactions within the court. This involves receiving and verifying the invoice, signed off by the administration, then goes to finance, it is loaded into the approval queue and is loaded for various checks and approvals.
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. Digitally signed by Steve Grierson Div. cri-Steve Grierson, o=Eighth Judicial District Court, ou=Court Div. cri-Steve Grierson Div.
Administration, email=GriersonS@Clarkcountycourts.us, c=US Date: 2021.08.05 08.47:17 -07'00' Date: Date:
Signature
Steve Grierson, Court Executive Officer
Printed Name & Title
For Official Use Only:
Risk Level Determination: X LowerMediumHigher
Notes:
Approved: Yesenia Pacheco Date: 8/16/21