

SUBRECIPIENT CHECKLIST

(Entity must meet a minimum of 2 attributes)

1. Transaction with provider was initiated by announcement of the “availability of funding” and/or announcement that we were “seeking applications” for funding.
2. Provider does not provide similar goods or services to many different purchasers.
3. Provider is able to demonstrate a financial or public need for funding in order to provide the service.
4. Provider identified the details (scope) of the project/service for which it is seeking financial support.
5. Provider will use funds to carry out its own public program and/or provide public service.
6. Provider has a substantial amount of authority for making decisions about program delivery and/or determines who is eligible to receive assistance or participate in the program.
7. Provider is reimbursed only for its actual costs incurred for allowable activities as outlined in the contract and should not earn a profit from the terms of payment.
8. As a condition of receiving State Funds, the Provider is required to contribute its own non-State resources (or seek third party in-kind contributions) to help pay for the service.
9. State funding is contingent on the Provider making its “best effort” to meet the objectives of the award. The Provider assumes little financial risk if performance does not meet goals.
10. Provider is required when disposing of or selling real property, equipment or supplies purchased with State funds, to obtain disposition guidance from the State and/or return the percentage of the proceeds if the per-unit fair market value exceeds \$5,000.