

ATTACHMENT E: SUBRECIPIENT INFORMATION FORM

SUB-RECIPIENT INFORMATION

Federal Funding Accountability and Transparency Act
Federal A-133 Requirements

Wyoming Department of Workforce Services (DWS)

Any organization planning to enter into a collaborative sub-recipient relationship with DWS must complete this form at the proposal stage. Please answer the following questions to determine if a formal sub-recipient partnership can be established between your organization and DWS. This form will be considered valid for one year from the date of signature by your organization's authorized official.

Please answer the following questions **BEFORE** completing the rest of the form.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your organization presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any Federal Department or Agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your organization delinquent on repayment of any Federal debt including direct and guaranteed loans and other debt as defined in OMB Circular A-129, <u>Managing Federal Credit Programs</u> ?

If you answered 'Yes' to either of the above questions it will not be possible to establish a sub-agreement with your organization and you need not complete the remaining sections of this form. Please notify the DWS program manager as soon as possible.

Sub-Recipient Information

Name:			
Address:			
City:	State:	Zip Code:	
Sub-recipient Taxpayer Identification Number (TIN):			
Sub-recipient DUNS Number:			
Sub-recipient Commercial And Government Entity (CAGE) Code Number:			
Sub-Recipient's Annual Gross Revenues Exceed 80% or more in Federal Funds	Yes	No	
Sub-Recipient's Annual Gross Revenues Equal or Exceed \$25,000,000 in Federal Awards	Yes	No	

Sub-Recipient's Five (5) Most Highly Compensated Officers (needed only if a yes is checked above)

<u>Officer Name</u>	<u>Officer Compensation</u>

Federal A-133 Requirements (please check the box to the right of the 'Yes' or 'No' as it applies)

1.	Does sub-recipient receive \$500,000 or more in federal funds?	Yes	No
2.	If Sub-recipient receives \$500,000 or more in federal funds, was an A-133 audit conducted? <i>If no, please answer the questions below and provide an explanation in the comment section below if needed.</i>	Yes	No
a.	My organization is a non-profit that expended less than \$500,000 in U.S. Federal funds during our previous fiscal year.	Yes	No
b.	My organization is a foreign entity.	Yes	No
c.	My organization is a for-profit entity.	Yes	No
d.	My organization is a U.S. Government entity.	Yes	No
3.	If an A-133 audit was conducted, were there any findings or exceptions noted? <i>If yes, please attach pages outlining audit findings and explain resolution action in comment section below.</i>	Yes	No

Please note: Your most recent A-133 audit report will be requested prior to the establishment of a sub-recipient agreement.

Comment (attach additional pages if needed)

Information and Signature of Authorized Official Completing the Form - The information, certification and representation above have been read, signed and made by an authorized official of the sub-recipient named herein. The appropriate program and administrative personnel involved in this application are aware of the Department of Workforce Services' policy in regard to sub-awards and are prepared to establish the necessary inter-organizational agreements consistent with those policies. Any work begun and/or expenses incurred prior to execution of a sub-award agreements (contract) are at the sub-recipient's own risk.

Prepared By:
Title:
Email:
Signature:
Date: