



Subaward Management Capabilities and Compliance Questionnaire (SMQ)

Upon completion, send a copy of this form to:

Florida Department of Law Enforcement
Office of Criminal Justice Grants
Post Office Box 1489
Tallahassee, FL 32302-1489
criminaljustice@fdle.state.fl.us

Grant Program:

JAG
 PREA
 NARIP
 NCHIP
 RSAT
 PSN
 Other: CESF

Subrecipient: City of North Port

FEID: 59-6072227

DUNS: 039567821

OVERVIEW

In order to meet eligibility requirements, applicants must be able to document compliance with the following prior to receiving a subaward:

- 2 C.F.R Part 25 – *Universal Identifier and System for Award Management Requirements*
- 28 C.F.R Part 42 – *Nondiscrimination; Equal Employment Opportunity, Policies and Procedures*
- 2 C.F.R Part §200.318-326 – *Federal Procurement Standards*
- 2 C.F.R §200.300-309 – *Standards for Financial and Program Management*

INSTRUCTIONS

Applicants seeking federal financial assistance from the Florida Department of Law Enforcement (FDLE), Office of Criminal Justice Grants (OCJG) should complete this questionnaire and provide all applicable documents with the submission of their application. Failure to provide appropriate forms, certifications, policies, procedures, or other documentation for the proposed project may result in special conditions being placed on the subaward.

This form, along with other application forms, may be submitted to criminaljustice@fdle.state.fl.us if scanned at the highest resolution (at least 600 dpi).

Note: Each applicant only needs to submit one pre-award monitoring packet regardless of how many applications for funding are being submitted. Applicants should ensure all "project-specific" forms can be easily identified.

CONTACT INFORMATION

For questions regarding this pre-award monitoring packet, contact FDLE's Office of Criminal Justice Grants at (850) 617-1250 or criminaljustice@fdle.state.fl.us.

APPLICATION POINT-OF-CONTACT (POC)

Please provide a point-of-contact to coordinate any additional information requests FDLE's Office of Criminal Justice Grants may have during review of this packet and your application.

Name: Joseph Fussell
 Title: Commander
 Agency: City of North Port Police Department
 Phone: 941-429-7345
 Email: jfussell@northportpd.com

The following section consists of a series of questions to aid in determining compliance with federal regulations required to properly administer these funds. Please read all questions carefully as some questions may require coordination with other divisions/bureaus in your agency (i.e. finance, purchasing, human resources, etc.). Additionally, to avoid possible special conditions being placed on your subaward, please ensure all requested documentation is submitted with this questionnaire.

SECTION I: AUDIT INFORMATION

The SUBRECIPIENT has undergone the following types of audits:

Single Audit Financial Statement Defense Contract Agency Audit

Audit Programmatic Audit for:

Other Audit:

None of the above

The SUBRECIPIENT'S most recent audit was conducted:

Within the past 12 months Within the past two years More than two years ago

Name of Auditing Agency/Firm:

Most recent auditor's opinion: Unqualified/Unmodified Qualified/Modified Other

Number of Findings on **most recent audit only**:

Were material weaknesses noted in the audit? Yes No

Were significant deficiencies noted in the audit? Yes No

Has the subrecipient addressed all findings and provided a management response or implemented corrective action? Yes No N/A

SECTION II: NON-PROFIT ORGANIZATION

1. Is the applicant entity a non-profit organization (including a non-profit institution of higher education) as described in 26 U.S.C. 501(c)(3) AND exempt from taxation under 26 U.S.C. 501(a)? Yes No NA

If "No" or "N/A" skip to Section III: Accounting System; If "Yes", complete questions 2 and 3 below.

2. Does the applicant non-profit organization maintain offshore accounts for the purpose of avoiding paying the tax describe in 26 U.S.C. 511(a)? Yes No

3. With respect to the most recent year the applicant non-profit organization was required to file a tax return, does the applicant non-profit organization believe (or assert) that it satisfies the requirements of 26 C.F.R. 53.4958-6 relating to the reasonableness of compensation for certain individuals? Yes No

SECTION III: ACCOUNTING SYSTEM

Helpful Hint – answers to these questions may need to be obtained from your finance department.

1. Which of the following best describes the organization's accounting system:
 Manual Automatic Combination

2. Does the accounting system identify the receipt and expenditure of funds separately for each grant? Yes No

3. Does the accounting system record and track expenditures for each grant by budget categories in the approved budget? Yes No

4. Does the accounting system have the capability to record, track, and document cost share or match for each grant? Yes No

5. Is the organization documentation to support recorded match or cost share available if requested? Yes No

6. Does the accounting/financial system include budgetary controls to prevent incurring obligations in excess of total funds or budget category (i.e. personnel, travel, etc.)? Yes No

7. Is the financial management system capable of producing the following:
a. Detailed Activity Ledger? Yes No

b. Cash Control Register?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Property Control Register? (equipment purchases)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION IV: INTERNAL CONTROLS & SEPERATION OF DUTIES

Helpful Hint – answers to these questions may need to be obtained from your finance and/or purchasing department.

1. Are the duties of the person responsible for maintaining financial records separated from any cash-related functions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are personnel who perform disbursement functions prohibited from purchasing, receiving and inventorying items? If no, are these functions approved by a third party?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3. Is the signing of disbursement checks limited to individuals:		
a. Who are authorized to make disbursements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Whose duties do not include:		
- Posting and recording of accounts receivable?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
- Approving vouchers for payment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Describe the financial process/accounting mechanism used by the applicant to track grant funds separately from general revenue, other federal projects, and/or multiple funding sources. Each grant is assigned a project number for tracking purposes. All expenditures and revenues are coded to the project number in the financial tracking system.		
5. What measures are used to verify all cost elements on a reimbursement are allowable under an approved subaward agreement? Grant purchases, payments and reimbursement requests go through layers of administrative professionals who review all aspects to verify costs.		
6. What internal control measures are used to safeguard sensitive information (i.e. personally identifiable information, law enforcement sensitive information, etc.) relating to activities, expenditures, documentation, etc.? The department complies with CJIS security requirements. Also, the department uses physical controls for access within the building/software programs to protect personal identifiable information. Police documentation is reviewed and redacted for confidential or exempt information in accordance with FSS 119.		
7. Did financial staff verify that grant funds would not be used to supplant local funds that had already been appropriated for the grant project or activities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. How long is the agency required to retain grant files and records of grant purchases? Five years from grant close out or last program audit.		

SECTION V: CIVIL RIGHTS

Helpful Hint – answers to these questions may need to be obtained from your human resource department.

1. Is the entity aware it must comply with federal civil rights regulations including certifications and plan requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Please indicate if any of the following apply to the applicant organization:		
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Educational Institution
<input type="checkbox"/> Medical Institution	<input checked="" type="checkbox"/> Does not apply to applicant organization	

3. Does the entity have more than 50 employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the entity receive federal funding under the U.S. Department of Justice, including any funds passed through another entity, of \$25,000 or more, but less than \$500,000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the entity receive federal funding under the U.S. Department of Justice, including any funds passed through another entity, of \$500,000 or more?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Does the organization notify employees <u>AND</u> program participants that it does not discriminate on the basis of race, color, national origin, religion, sex, disability or age?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the applicant organization have a written policy or procedure instructing employees <u>AND</u> program participants how to file a complaint regarding discrimination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has the applicant organization had any findings of discrimination issued by a State or Federal court in the past three years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

SECTION VI: PROCUREMENT

Helpful Hint – answers to these questions may need to be obtained from your finance and/or purchasing department.

1. Does the organization maintain written procurement procedures which includes provisions for:		
a. Conflict of interest procedures or statements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Disciplinary action for conflict of interest violations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Avoiding acquisition of unnecessary or duplicative items?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Entering into intergovernmental agreements for shared purpose goods/services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Only procuring or awarding contracts to responsible contractors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Prohibiting use of geographical preference?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Non-competitive procurement (sole source)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the procurement system provide a mechanism to determine selection on a competitive basis?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the procurement system include provisions for checking the Excluded Parties List (sam.gov) prior to award?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION VII: INVENTORY

Helpful Hint – answers to these questions may need to be obtained from your finance and/or purchasing department.

1. Does the organization's property management system provide and maintain the following information:		
a. A description of the equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. A property identification number?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Source of the property, including award number if grant funded?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Who the title vests with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Acquisition date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Federal share of property cost, if federally funded?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Location and condition of property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Ultimate disposition information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is documentation regarding property management for grant funded items available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. Does the agency assure that grant funded property is maintained and insured in compliance with federal requirements? Yes No

SECTION VIII: SUBRECIPIENT MANAGEMENT AND MONITORING

1. Does the applicant entity have written policies, procedures, and/or guidance designed to ensure that any subawards made by the applicant entity under a federal award – (1) clearly document applicable federal requirements, (2) are appropriately monitoring by the applicant, and (3) comply with the requirements in 2 CFR 200 (see 2 CFR 200.331)? Yes No

2. Is this applicant entity aware of the difference between subawards under federal awards and procurement contracts under federal awards, including the different roles/responsibilities associated with each? Yes No

3. Does the applicant entity have written policies and procedures designed to prevent the applicant entity from issuing a contract under a federal award to any entity or individual that is suspended or debarred from such awards? Yes No

SECTION IX: HIGH RISK DESIGNATION

1. Is the applicant entity designated "high risk" by a federal grant making agency or other pass-through entity? Yes No

CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY

On behalf of the applicant entity, I certify to the Florida Department of Law Enforcement that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.

Title: Commander

Phone: 941-429-7345

Date: City of North Port

Signature:

