

Subrecipient Annual Report Screen Shots of Online Reporting Form (as of 7/1/22)
Cassie Bell, VT DHCD Grants Management Analyst, 802-828-5211, cassie.bell@vermont.gov

Starting on Friday, July 1, 2022, the new Subrecipient Annual Report (SAR) was officially implemented as an online submission. All submissions of both original and revised Subrecipient Annual Reports must be submitted through the online form, and the State is no longer accepting the SAR paper versions via mail or email.

Grantees must go to this link to submit their original or revised Subrecipient Annual Reports at: <https://finance.vermont.gov/suppliers-and-grantees>, select 'Subrecipient Annual Report' link and complete the online form.

- If yes, Single Audit Required, complete 1 – 16 and submit. Only for yes, 'Expected Completion Date.'
- If no, Single Audit Not Required, complete 1 – 15 and submit.

Subrecipient Annual Report

As a condition of your federally funded grant award from the State of Vermont, you must complete this report in its entirety annually within forty-five (45) days after your fiscal year end.

* Required

SECTION I - Subrecipient Identifying Information

Overview

Section I: Required
Section II: Required: Check YES or NO as applicable
Section III: Optional if YES is checked in section II
 Required if NO is checked in section II
Section IV: Required

Section I - Subrecipient Identifying Information Instructions:

Supplier ID: The 10-digit identifying number for your organization in the state of Vermont's accounting system. It is provided to you in the upper right corner of the grant list box on the second page of the letter that accompanies this report. Your supplier id is NOT the same as your State of Federal tax identification number, nor is it the same as your grant number.

Original or Revision: Please indicate if this is the first time you have submitted a Subrecipient Annual Report for this fiscal year for your organization, or if this is a revision to correct a mistake a on a previously submitted form.

Fiscal Year Ending Date: Enter your organization's fiscal year ending date covered by this report in DD/MM/YYYY format. This period is usually not the same as the grant period.

Subrecipient Name: Your organization's legal full name. Do not use abbreviations unless they are part of your official name.

Address: The primary address for your organization.

1. Vermont Supplier ID # (Previously Vendor ID) *

Important! Please read the warnings below:

This is a ten digit # which will begin with a varying # of zeroes. **If you are not positive that you are entering the correct supplier ID # please reach out to your grant contact** at an agency who awarded you funds and request your supplier ID #. **If an incorrect supplier ID # is entered** your entity will be considered delinquent and this submission will **not be accepted**.

Your **Tax ID # is not your Supplier ID #**. If you enter a Tax ID number into this section your submission will **not be accepted**.

Any hesitation on your Supplier ID # means you should reach out to an agency who awarded you funds to ensure you are entering the correct # in this field. If your response is not a ten digit supplier ID that matches your Subrecipient Name your submission will **not be accepted**.

The value must be a number

2. Is this an original submission? Or a correction to a Subrecipient Annual Report (SAR) which has already been submitted for this fiscal year? *

Original

Revision

3. What Fiscal Year are you completing this report for? *

This form should be completed for your fiscal year. You should complete it only after your fiscal year has concluded, include the year in which your fiscal year is completing. *Ex: If your fiscal year runs 7/1 - 6/30 This form should not be completed until after 6/30 has passed, and should include all grant expenditures for your previous fiscal year, which has ended.*

2020

2021

2022

2023

2024

2025

4. Subrecipient Name *

Enter your answer

5. Subrecipient Address *

Full street address

Enter your answer

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Section II - Certification of Audit Requirement

2 CFR chapter 2, Part 200, Subpart F ("Uniform Guidance", Subpart F) requires all recipients of Federal funds to have a single audit conducted when total federal grant expenditures are **\$750,000 or more** during a fiscal year. This threshold includes federal grant expenses from all sources (e.g., granted directly from a Federal agency, passed through the State of Vermont, or passed through another non-Federal entity. This requirement does not apply to for-profit organization.

Yes = Federal grant expenditures are greater than or equal to \$750,000 and entity is not a for-profit.
Enter the Single Audit expected completion date.

No = Federal grant expenditures are less than \$750,000 or entity exceeded \$750,000 but is a for-profit entity and the requirement is non-applicable.

If you check **YES** in section II, you must submit a copy of your Single Audit report to the Federal Audit Clearinghouse within nine (9) months after your fiscal year end date. You should not send a copy of your auditor report to the Department of Finance and Management.

If you are unsure if a specific award needs to be included on this report, or have questions about specific awards received, please reach out to the awarding agency or department. The Department of Finance and Management will not be able to assist you with award specific questions.

6. A Single Audit is required for the above fiscal year period: *

Yes

No

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6. A Single Audit is required for the above fiscal year period: *

Yes

No

7. Expected Completion Date: *

Please input date (M/d/yyyy)



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Section III - Subrecipient Schedule of Federal Expenditures

Complete this section if NO is checked in Section II. This section is optional if Yes is checked in Section II. Report each grant on its own line and include each federal grant expended, even those that did not come to you from the State of Vermont must be reported on this form. If section III does not contain enough rows for you to report all grants, please attach a separate sheet with all of the same information included which lists all federal awards received.

CFDA Number: The Catalog of Federal Domestic Assistance identification number. It is found on your award document.

Granting Agency/Department: The organization that awarded funds to you (i.e., Federal or State agency or other pass-through entity).

Grant Number: The number assigned by the granting agency to identify the specific grant award.

Expenditures: The total Federal expenditures incurred during the fiscal year covered by this report for each grant award, rounded to the nearest dollar. Report these expenditures regardless of whether or not reimbursement has been received. Include the value of federal awards expended for non-cash assistance (such as food commodities), if applicable. In the case of multi-year awards, report only the amount expended during the report year. If your organization is required to or voluntarily expends its own funds in addition to the federal share of the award (e.g. match) then only report the federal portion expended.

Neither backup documentation nor detailed expenditure information is required to be submitted with this report. Just total expense amounts per award.

FEMA Public Assistance Grants: In accordance with Federal regulations, the amount reported is the amount approved during the fiscal year, even if those funds were expended in a prior year. Do not include current year FEMA expenses if those expenses have not yet been approved.

In the letter that was received, the grant information required in Section III is provided for you for all open federal grants found in the State of Vermont grants database as of the date of the letter. The amount column in the grants list is the total federal share of the award, and does not indicate the expenses your organization has occurred. Please only include expenditures when submitting, not the total amount of the award if the total award has not yet been expended. This list will not include grants received from other entities or direct Federal awards.

8. Total Federal Expenditures *

This amount should be the total expenditures of all awards received from all sources, and should match the total of the expenditures from each award.

If you responded "Yes" to question 6, indicating that you are over the \$750,000 threshold and are required to receive a single audit, than you may enter "0".

The value must be a number

9. What State of Vermont agency/department did you expend the most passed-through funds from? *

The department code listed below should be the first five digits of your award number. If your entity is required to receive a single audit, please choose the department your entity currently has the most expenditures from.

- 01100 - Agency of Administration
- 01110 - Finance & Management
- 01130 - Libraries
- 01140 - Tax
- 02100 - Attorney General's Office
- 02130 - State's Attorneys and Sheriffs
- 02140 - Department of Public Safety
- 02150 - Military
- 02160 - Crime Victims' Services Center
- 02200 - Agriculture, Food&Mrkts Agency
- 02210 - Financial Regulation
- 02240 - Public Service Department
- 02250 - Public Utilities Commission
- 02260 - Enhanced 911 Board
- 02320 - Department of Liquor & Lottery
- 03150 - Department of Mental Health
- 03400 - Human Services Agency
- 03410 - Vermont Health Access
- 03420 - Vermont Department of Health

- 03440 - Department of Children & Families
- 03460 - Disabilities Aging Ind. Living
- 03480 - Corrections
- 04100 - Department of Labor
- 05100 - Agency of Education
- 06100 - Natural Resources Agency
- 06120 - Fish & Wildlife
- 06130 - Forest, Parks, & Recreation
- 06140 - Environmental Conservation
- 07100 - Agency of Commerce & Community Development
- 07110 - Housing & Community Development
- 07120 - Economic Development
- 07130 - Tourism & Marketing
- 08100 - Agency of Transportation

10. Expenditures Detail *

Please include the **CFDA #**, the **Granting Agency**, the **Grant Number**, and the **Expended Amount** for each award you have received from the state.

If you responded "Yes" to question 6, indicating that you are over the \$750,000 threshold and are required to receive a single audit, then you may enter "N/A".

*If you run out of room please submit a .pdf file of a spreadsheet with the above information to Fin.Subrecipient@vermont.gov with your organizations name and supplier ID clearly visible on the top of the pdf. **The .pdf should be saved under a file name matching your supplier ID # (minus any leading zeroes).***

E.g. 0000123456 supplier ID would be saved as 123456 for the file name.

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Section IV - Signature

This report must be completed and signed by the Chief Financial Officer, Controller, Business Manager, Treasurer, or other person responsible for the financial records of the organization. **Only authorized individuals should complete and sign this report.** The contact information you provide (phone can email) will only be used to contact you if there are questions about this submission.

Only a fully completed report, signed by an authorized official, will be accepted. **Submission of this report is required by your grant agreement and failure to submit it by the due date will make your organization ineligible for future grants and may affect reimbursements for existing awards until your delinquent status is resolved.**

11. Name: *

12. Title: *

13. Date: *

 

14. Phone Number: *

xxx-xxx-xxxx format

15. Email Address: *

16. Signature: *

I certify to the best of my knowledge, the above information is correct.

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Submit

Please note: If no Single Audit is required, complete 1 – 15 and submit (missing #7).