

**CHECKLIST FOR DETERMINING**  
**SUBRECIPIENT OR CONTRACTOR CLASSIFICATION**  
**UNDER AN OLHCHH GRANT OR COOPERATIVE AGREEMENT**

**INSTRUCTIONS:** Complete sections one and two of the checklist by marking all characteristics that apply to the entity being classified as a sub-recipient (sub-grantee) or as a contractor (vendor). The entity is prohibited from receiving both a contract and a sub-grant for the same grant or cooperative agreement. Additional information can be provided in the comment section.

NAME: \_\_\_\_\_ EIN/TIN: \_\_\_\_\_ DUNS No: \_\_\_\_\_  
Name of Entity

☐ **SECTION ONE – SUBRECIPIENT**

***CHECK ALL APPROPRIATE BOXES***

- ☐ 1. Determines who is eligible to receive Federal assistance.
- ☐ 2. Commercial and Government Entity (CAGE) Code is listed as U.S. Local Government (City, County, State, or Federal Recognized Tribal Government).
- ☐ 3. Has its performance measured in relation to whether objectives of a Federal program are met.
- ☐ 4. Provides public service for local U.S. government (See SAM) to people living within its jurisdiction, either directly (through the public sector) or by financing provision of services, for example, a hospital or non-profit organization with no fee/profit. If a non-profit organization has proposed a fee/profit or overhead cost, it **shall be categorized** as a contractor; move to **Section Two - Contractor**).
- ☐ 5. Has responsibility for programmatic decision making.
- ☐ 6. Is responsible for adherence to applicable Federal program requirements specified in the Federal award; and in accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.
- ☐ 7. This section is not applicable to the above entity.

**Comments:**

☐ **SECTION TWO – CONTRACTOR**

***CHECK ALL APPROPRIATE BOXES***

- ☐ 1. Provides the goods and services within normal business operations;
- ☐ 2. A non-profit organization or a profit organization that proposes a fee/profit or overhead cost;
- ☐ 3. Provides similar goods or services to many different purchasers;
- ☐ 4. Normally operates in a competitive environment;
- ☐ 5. Provides goods or services that are ancillary to the operation of the Federal program; and
- ☐ 6. Is not subject to compliance requirements of the Federal program as a result of the agreement, though similar requirements may apply for other reasons.

**Comments:**

**PRIME RECIPIENT INFORMATION**

**Grant/Cooperative Agreement Number:** \_\_\_\_\_

**Grant/Cooperative Agreement:** \_\_\_\_\_  
(Recipient Name from the Application for Federal Assistance (Form SF424, block 8a))

**Program Manager/Principal Investigator:** \_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
Grant Specialist (Sign and print)

\_\_\_\_\_  
(Date)

**Grant Number:** \_\_\_\_\_

### **SECTION THREE – DETERMINATION OF CLASSIFICATION AND THRESHOLD REVIEW**

\_\_\_\_\_ is classified by Prime Recipient as a ☐ Sub-recipient or ☐ Contractor for  
*Entity's Name*  
Grant/Cooperative Agreement Number: \_\_\_\_\_

<b>THRESHOLD REVIEW and Contract Findings</b>			
<b>Grant</b> (Threshold Review Processing)		<b>Contract</b> *Federal Awardee Performance and Integrity Information System (Report of Contracts Findings with the Federal Government)	
Civil Right Violations	yes <input type="checkbox"/> no <input type="checkbox"/>	Administrative Agreement	yes <input type="checkbox"/> no <input type="checkbox"/>
**Excluded Party List	yes <input type="checkbox"/> no <input type="checkbox"/>	Defective Pricing	yes <input type="checkbox"/> no <input type="checkbox"/>
**Federal Delinquent Debt	yes <input type="checkbox"/> no <input type="checkbox"/>	DoD Determination of Contractor Fault	yes <input type="checkbox"/> no <input type="checkbox"/>
**CAGE Code /Active CCR	yes <input type="checkbox"/> no <input type="checkbox"/>	Information on Trafficking in Persons	yes <input type="checkbox"/> no <input type="checkbox"/>
***Federal Audit Clearinghouse	yes <input type="checkbox"/> no <input type="checkbox"/>	Non-Responsibility Determination	yes <input type="checkbox"/> no <input type="checkbox"/>
		Recipient Not-Qualified Determination	yes <input type="checkbox"/> no <input type="checkbox"/>
		Subcontractor Payment Issues	yes <input type="checkbox"/> no <input type="checkbox"/>
		Termination for Cause	yes <input type="checkbox"/> no <input type="checkbox"/>
		Termination for Default	yes <input type="checkbox"/> no <input type="checkbox"/>
		Termination for Material Failure to Comply	yes <input type="checkbox"/> no <input type="checkbox"/>

\* [www.fapiis.gov](http://www.fapiis.gov)

\*\* [www.sam.gov](http://www.sam.gov)

\*\*\* <https://harvester.census.gov/facdissemr>

\_\_\_\_\_  
Grant Specialist, Grant Services Division  
(Sign and print)

\_\_\_\_\_  
Date

**Grant Officer:** ☐ Approve or ☐ Disapprove (if disapproved, explain decision in box below):

***Determination for Classification:***

\_\_\_\_\_  
Grant Officer, Grant Services Division  
(Sign and print)

\_\_\_\_\_  
Date