

## STATE OF VERMONT 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. Please refer to the instructions on the reverse side of this document. You may also refer to the *Common SAR Questions* on the Department of Finance & Management website at <https://finance.vermont.gov/suppliers-and-grantees>.

### SECTION I - SUBRECIPIENT IDENTIFYING INFORMATION

FISCAL YEAR ENDING DATE: \_\_\_\_\_

SUPPLIER ID: \_\_\_\_\_

SUBRECIPIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

### SECTION II - CERTIFICATION OF AUDIT REQUIREMENT

A SINGLE AUDIT IS REQUIRED FOR THE ABOVE FISCAL YEAR PERIOD:

YES

NO

If YES - Expected Completion Date: \_\_\_\_\_

### SECTION III - SUBRECIPIENT SCHEDULE OF FEDERAL EXPENDITURES

CFDA Number	Granting Agency/Department	Grant Number	Expenditures
<b>Total</b>			<b>\$</b>

### SECTION IV - SIGNATURE

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(Phone and email will be used to contact you only if there are questions about this submission.)

# INSTRUCTIONS

## **Overview:**

**Section I:** Required

**Section III:** Optional if YES is checked in Section II  
Required if NO is checked in Section II

**Section II:** Required: Check YES or NO as applicable

**Section IV:** Required

Refer to detailed instructions below for each section.

## **Section I - Subrecipient Identifying Information:**

**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.

**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 or Federal tax identification number, nor is it the same as your grant number. (Previously called Vendor Number.)

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

**Address:** The primary address for your organization.

## **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 (i.e., granted directly from a Federal agency, passed through the State of Vermont, or passed through another non-Federal organization.)

**YES** = Federal grant expenditures are greater than or equal to \$750,000 Enter the report expected completion date.

**NO** = Federal grant expenditures are less than \$750,000

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 audit report to the Department of Finance & Management.

## **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. If Section III does not contain enough rows for you to report all grants, you may attach a separate sheet with all of the same information included.

**CFDA Number:** The Catalog of Federal Domestic Assistance identification number. It is found on the grant 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, report only the federal portion. Neither backup documentation nor detailed expenditure information is required to be submitted with this report.

**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 they have not yet been approved.*

*In the letter that accompanies this report, the grant information required in Section III is provided to you for all open federal grants found in the State of Vermont's grants database as of the date of this letter. The Amount column in the grants list is the total federal share of the award and may or may not equal the amount you expended or received during the report year. This list will not include grants from other entities such as direct Federal awards.*

## **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 and email) will only be used to contact you if there are questions about this submission.

## **Submission:**

Submit completed reports to the following address:

Subrecipient Reporting, Dept. of Finance & Management, Financial Operations Division, 109 State Street, 4<sup>th</sup> Floor, Montpelier, VT 05609-5901

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.**