

State of Vermont

Subrecipient vs. Contractor Determination



FEDERAL SUBRECIPIENT OR CONTRACTOR (SUPPLIER) DETERMINATION

Per OMB Uniform Administrative Requirement [2 CFR §200.331 Subrecipient and contractor determinations](#), a determination must be made whether a SUBRECIPIENT or CONTRACTOR (Supplier) relationship exists, with an entity identified for an executed agreement. This is mandatory for all federally funded subawards and contracts under the [Agency of Administration Bulletin 5, Policy for Grant Issuance and Monitoring](#). When determining whether an entity is a subrecipient or a contractor it is critical to use your judgment in evaluating the substance of the relationship between the Agency/Department and the entity.

Please complete this worksheet and attach to the subrecipient or contract agreement.

Name of Supplier: _____ Date: _____

Based on the descriptions below, please choose the **ONE** that most closely characterizes your activity:
For additional information see Bulletin 5.

- SUBRECIPIENT – The entity:
- Determines who is eligible to receive federal assistance.
 - Has its performance measured in relation to whether objectives of the federal program were met.
 - Has responsibility for programmatic decision making.
 - Is responsible for adhering to applicable federal program requirements specified in the award.
 - Uses the federal funds to carry out the specified program, as opposed to providing goods or services for the benefit of the pass-through entity.

OR

- CONTRACTOR – The entity:
- Provides goods and services within normal business operations.
 - Provides similar goods or services to many different purchasers.
 - Normally operates in a competitive environment.
 - Provides goods or services that are ancillary to the operations of the Federal program.
 - Is not subject to Federal program compliance requirements as a result of the agreement, though similar requirements may apply for other reasons.

Additional explanation for determination (if needed):

Contract #: _____

Grant #: _____

Program Manager: _____

Date: _____