|  |
| --- |
| Subrecipients / subcontractors to Summit County Public Health (SCPH) must adhere to the laws, policies, rules and procedures detailed at: <https://www.scph.org/grants> |
| Applicant organizations must submit the information/documents requested in this document to become an SCPH Provider:  **Summit County Public Health**  **Attn:**  **1867 West Market Street**  **Akron, OH 44313** |

**Grant Program:**

**Agency Name: Date:**

**Address:**

**City, State and ZIP: General Telephone:**

**Chief Executive Officer: Email:**

**Primary Program Contact: Email:**

**Direct Phone:**

**Chief Financial Officer: Email:**

**Primary Financial Contact: Email:**

**Direct Phone:**

**ATTACHMENTS**

**Please attach the following documents to this application. (If the document is not available, please attach an explanation on company letterhead, explaining why the documentation is not available, signed by the organizations chief executive or chief financial officer.)**

1. ***IRS Form W-9***
2. ***IRS Form 990 (if the organization is a tax-exempt nonprofit)***
3. ***Most recently independently audited financial statement***
4. ***Organization’s current operating budget***
5. ***Proposed grant program budget on standard SCPH Subrecipient Budget template***

**QUESTIONS**

**The following questions must be completed to the satisfaction of SCPH before any expenses or services will be reimbursed to the subrecipient. If you have any questions, please contact your program contact at SCPH.**

1. What accounting, payroll and/or human resource software does your organization use (e.g., QuickBooks, Visual Bookkeeper, Peachtree, ADP or a custom proprietary system)?
2. Please explain how your organization will track the revenues and expenditures associated with this grant program separate from your other operations.
3. What is the percentage of total annual revenues for your organization that the annual receipts from this grant will represent?
4. Have you received either directly, or through a pass-through entity, federal grant funding before? If so, please provide details (grant, organizations, contacts and time periods for the two most recent instances.)

YES:\_\_\_\_ NO:\_\_\_\_

EXPLANATION:

1. Have you contracted with SCPH for a grant program before? If so, please provide details of two most recent instances.

YES:\_\_\_\_ NO:\_\_\_\_

EXPLANATION:

1. Have you familiarized yourself with the materials detailed at: <https://www.scph.org/grants>?

YES:\_\_\_\_ NO:\_\_\_\_

1. Are you employing any subcontractors / subcontracting agencies to assist with the completion of the goals of this grant program? (If so, you must submit a copy of the contract with each subcontractor.)

YES:\_\_\_\_ NO:\_\_\_\_

DETAIL:

1. Does your organization keep a copy of accounting policies and procedures? (It is not necessary to submit a copy, but it should be available for review if SCPH requests it.)

YES:\_\_\_\_ NO:\_\_\_\_

1. Does your organization keep a copy of HR/Personnel policies and procedures? (It is not necessary to submit a copy, but it should be available for review if SCPH requests it.)

YES:\_\_\_\_ NO:\_\_\_\_

1. Does your organization plan to claim indirect costs? If so, at what rate? (Please include a copy of the cost study or calculation by which the indirect rate was formulated.)

YES:\_\_\_\_ NO:\_\_\_\_

1. How frequently do you have independent audits performed on your organization’s financial reports?
2. Please attach a copy of your most recent financial statement, and use the information on that statement to calculate the financial ratios listed below. For agencies reporting on a cash-basis and whose financial statements are not prepared in accordance with GAAP, please use the Alternative Ratios listed in part (b) at the end of this section.

**(a) Standard Ratios for applicants on accrual basis (Reported under GAAP)**

Calculate the following three financial ratios using the applicant agency’s Statement of Financial Position (Balance Sheet):

1. Current Ratio calculated as Current Assets / Current Liabilities =

2. Long Term Solvency ratio calculated as Total Assets / Total Liabilities =

3. Days Cash on Hand ratio calculated as Unrestricted Cash / ((Total Opening Expenses minus depreciation and unusual non-operating expenses) / 365 Days)

*Note: Please provide supporting documentation for the calculation including details of the depreciation and any unusual non-operating expenses.*

**(b) Alternative Ratio for Applicants reporting on cash basis / non-GAAP**

1. Days Unreserved General Fund Balance ratio calculated as (Unreserved General Fund Balance / Total General Cash Disbursements) x 365 days

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*Source: Summit County JFS, Tennessee Tech University Website and AGA*