

SUBRECIPIENT QUESTIONNAIRE

By Friday, May 18, 2018 please return the signed original of this form to:

*San Diego Workforce Partnership, Inc.
Attn: Finance
3910 University Avenue, Suite 400
San Diego, CA 92105.*

Or fax to: 619-528-1159 Attn: Finance

Retain a copy for your records. Questionnaires postmarked by Friday, May 18, 2018 will be accepted, as well as faxed copies. There will be no extension of this due date.

Mark one of the following that represents the Organization's type and fill in the blanks:

Local Government Non-Profit Organization Educational Institution Commercial (For Profit)

Name of Organization: _____

Organization's Fiscal Year End Date: _____

Total Federal Awards for most recent fiscal year: \$_____

Amount of Federal Awards expended for most recent fiscal year:

Under \$750,000 Over \$750,000

Estimated Date of Submission of Audit Report: _____

Audit reports must be provided for all organizations whose federal award expenses are over \$750,000.

I certify that all information provided here is accurate and correct to the best of my knowledge and I am duly authorized to sign as a representative of the above named organization.

Authorized Signature/Representative

Name (please print)

Title or Position

Date