**Subrecipient Questionnaire**

***By Monday, December 17, 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 Monday, December 17, 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 Non-Profit Educational Commercial

Government [ ]  Organization [ ]  Institution [ ]  (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