

**SUBRECIPIENT QUESTIONNAIRE**

*By Wednesday, May 20, 2020 please return the signed original of this form to:*

*San Diego Workforce Partnership, Inc.  
Attn: Finance  
9246 Lightwave Ave., Suite 210  
San Diego, CA 92123*

*Or by email at [Invoices@workforce.org](mailto:Invoices@workforce.org)*

*Retain a copy for your records. Questionnaires postmarked by Wednesday, May 20, 2020 will be accepted, as well as those sent via email. 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