

DNR Subrecipient Information Sheet Instructions



This form should be completed by the Fiscal Authority of the Grantee community, typically the Clerk Treasurer or a similar role. This form is required in the application cycle to ensure that grantees are in good fiscal standing with the State. Negative audit findings with incomplete corrective action plans may result in an application returned with instructions to reapply once the corrective action plan is complete.

DNR Subrecipient Information Sheet

SOP 600-06

DNR SUBRECIPIENT INFORMATION SHEET

NAME OF ENTITY: _____

Unique Entity ID (if applicable): _____ Amount of Current Award: _____

TYPE of Entity State Agency Local Gov't NonProfit For Profit

Does your organization get federal funding of \$750,000 or more from ANY source? Yes No

Do you have a current audit on file with the Federal Audit Clearinghouse? <https://harvester.census.gov> Yes No

Organization name as it appears on the Clearinghouse: _____

Are you Audited by the Indiana State Board of Accounts? Yes No

Are you Audited by a CPA? Yes No

If yes, please attach a copy of your last audit determination, if the audit is NOT registered on the Clearinghouse

Are you audited by another entity? Yes No

If yes, please identify the entity and attach a copy of your last audit determination, if the audit is NOT registered on the Clearinghouse

Auditing Entity: _____

Did your last audit find any findings concerning either the handling of grants or deficiencies of internal controls? Yes No

If yes, please attach a copy of the audit and the resulting corrective action plan.

Contact Person: _____ Phone _____

Email: _____