



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Transmittal Letter:** 002-3

**Manual Title:** *Subgrant Policies and Procedures*

**Material Affected:** Section 1.2, Section 2.4, Section 3.1, and Section 3.2

**Material Maintenance:** The manual can be found on the MSDH Intranet. *Subgrant Policies and Procedures*

**Gist of Changes:** Revised:

- Section 1.2 - Added eligibility as a selection requirement
- Section 2.4 - Clarified labels of required info in agreements
- Section 3.1 - Allowance for proposal as SOW if policy requirements are met and additional terms are included re: contractors/vendors
- Section 3.2 - Defined direct and indirect cost, clarified direct cost categories, outlined requirements and guidelines for indirect cost rates (de minimus vs. federally negotiated)

**Approved By:** Thomas Dobbs, MD, MPH

**Effective Date:** January 12, 2022

# Subgrant

## Policies and Procedures



MISSISSIPPI STATE DEPARTMENT OF HEALTH









































































<b>Mississippi State Department of Health Subgrant Policies and Procedures Manual 002</b>		<b>Owner:</b> Policy Evaluation
<b>Issue Date:</b> April 30, 2021		<b>Topic:</b> Appendix
<b>Revision #:</b> 2	<b>Revision Date:</b> January 12, 2022	<b>Section:</b> Appendix
<b>Review Date:</b> N/A		<b>Page:</b> Page 3 of 6

### BUDGET TEMPLATE EXAMPLE

The budget can be presented by budget year or per objective.

<b>Category</b>	<b>Amount</b>	<b>Match, if Required</b>	<b>Total</b>
<b>Personnel</b>			
Position			
<b>Fringe</b>			
Type of benefit			
<b>Travel</b>			
Sub-category			
<b>Commodities</b>			
Sub-category			
<b>Contractual</b>			
Sub-category			
<b>Equipment</b>			
Sub-category			
<b>Subsidies, Loans, and Grants</b>			
Sub-category			
<b>SUBTOTAL Direct Costs</b>			
<b>Indirect Costs (at ___%)</b>			
<b>TOTAL</b>			

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**PAYMENT SCHEDULE TEMPLATE EXAMPLE**

**Objective #1**

Milestone	Description of Milestone	Required Deliverable	Completion Date	Amount
1				
2				
3				
4				

**Objective #2**

Milestone	Description of Milestone	Required Deliverable	Completion Date	Amount
1				
2				
3				
4				

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### RISK ASSESSMENT EXAMPLE

The template can be modified for risk factors that would be more applicable to a particular program.

**Subgrantee:** \_\_\_\_\_ **Risk Assessment Date:** \_\_\_\_\_

**Subgrant:** \_\_\_\_\_

<b>Risk Factor</b>	<b>Risk Score</b>	<b>Weight</b>	<b>Score</b>	<b>Justification</b>
New Subgrantee	Yes (2) No (0)	3		
Maturity of Organization	Start-up (<2 years) (2) Established (2-9 years) (1) Mature (10+ years) (0)	3		
Award Amount	>\$100,000 (2) \$20,000-\$100,000 (1) <\$20,000 (0)	3		
Percentage of Prime Award	50%+ (2) 10%-49% (1) <10% (0)	3		
Financial Reports	2+ Untimely submissions (2) 1 Untimely submission (1) No untimely submissions (0)	2		
Programmatic Reports	2+ Untimely submissions (2) 1 Untimely submission (1) No untimely submissions (0)	2		
Single Audit in Prior Year	No Single Audit (2) Single Audit (0)	2		
Single Audit Opinion	Adverse, Disclaimer, Going Concern (2) Qualified (1) Unqualified (0)	2		
Equipment in Budget	Yes (2) No (0)	1		
Received On-Site Review	No monitoring visit (2) Monitoring visit 2 or more years ago (1) Monitoring visit less than 2 years ago (0)	2		
Changes to Subgrantees' Personnel	Changes at executive level (2) Changes in mid-level management (1) No significant changes (0)	1		
<b>TOTAL SCORE</b>				
<b>RISK LEVEL</b> <input type="checkbox"/> High (48-54) <input type="checkbox"/> Medium (24-48) <input type="checkbox"/> Low (<24)				

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**MSDH SUBGRANT COMPLETION CERTIFICATE EXAMPLE**

Subgrantee: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

DUNS #: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Subgrant: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ - \_\_\_\_\_ Type of Report:  Incremental  Final

The Subgrantee ensures it complied with applicable provisions under the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, including the performance provisions and internal controls, and maintained necessary source documentation for program performance and results.

The Subgrantee confirms it completed the deliverables/milestones required in the MSDH Subgrant Agreement for the period \_\_\_\_\_ to \_\_\_\_\_.

The information contained on this form is required under various provisions of Title 2 C.F.R. Part 200, program statute and agency regulations.

<b>Tasks this Period</b>	<b>Deliverables</b>	<b>Successfully Attained Date</b>
Objective #1		
- Task		
- Task		
- Task		
Objective #2		
- Task		

\_\_\_\_\_  
Subgrantee Authorized Signer                      Title                      Date

\_\_\_\_\_  
MSDH Program                      Title                      Date