

**Mississippi State Department of Health  
Contractor/Sub-Grantee Determination Worksheet  
Federal and State Awards**

Agency Program/Unit: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Project/Program: \_\_\_\_\_

Completed by: \_\_\_\_\_

**Instructions:** *Uniform Guidance* in 2 CFR § 200.330 requires MSDH to determine, on a case-by-case basis, if an entity receiving funds through MSDH is a sub-grantee or a contractor. TRUE answers indicate a sub-grantee relationship while FALSE answers indicate a contractor relationship.

**Indicate the characteristics of the entity that will receive funds from MSDH:**

	<b>TRUE</b>	<b>FALSE</b>
1. Determines who is eligible to receive what financial assistance	<input type="checkbox"/>	<input type="checkbox"/>
2. Has its performance measured against whether the objectives of the program are met	<input type="checkbox"/>	<input type="checkbox"/>
3. Has responsibility for programmatic decision making	<input type="checkbox"/>	<input type="checkbox"/>
4. Has responsibility of adherence to applicable Federal & State program compliance requirements	<input type="checkbox"/>	<input type="checkbox"/>
5. Uses the funds to carry out a program, as opposed to providing goods or services for a program of the agency	<input type="checkbox"/>	<input type="checkbox"/>
6. Does not provide these goods or services within normal business operations	<input type="checkbox"/>	<input type="checkbox"/>
7. Does not provide similar goods or services to many different purchasers	<input type="checkbox"/>	<input type="checkbox"/>
8. Does not operate in a competitive environment	<input type="checkbox"/>	<input type="checkbox"/>
9. Does not provide goods or services that are ancillary to the operation of the program	<input type="checkbox"/>	<input type="checkbox"/>
10. Is subject to compliance requirements of the program	<input type="checkbox"/>	<input type="checkbox"/>

Sub-grantee    Contractor

The substance of the relationship is more important than the form of the agreement. It is not expected that all the characteristics will be present, and judgement should be used in determining whether an entity is a sub-grantee or a contractor.

**Conclusion:** Sub-Grantee \_\_\_\_\_ Contractor \_\_\_\_\_

If the conclusion is a Contractor, complete the Contract Worker/Independent Contractor Determination Worksheet (Form 594) to determine if the contractor is a contract worker of an independent contractor. If the conclusion is a sub-grantee, Form 594 is not necessary.

**Instructions for Form Number 593  
Contractor/Sub-Grantee Determination Worksheet**

**Revision Date** 01/30/2020

**Revision Number** 2

**Purpose**

The form was created to provide an aid in the determination of the correct agreement to be executed by agency staff for state and federal awards. This form is required to be completed and uploaded to Q-Pulse for all sub-grant agreements.

**Instructions**

Complete:

Agency Program/Unit

Name of Organization

Project/Program

Completed by

Follow instructions of form for completing questions 1 – 10 as true or false.

Check beside Conclusion as either Sub-Grantee or Contractor.

**Note**

If conclusion is Contractor, the Contract Worker/Independent Contractor Determination Worksheet (Form 594) must be completed.

**Office Mechanics and Filing**

Completed records will be included in any agreement document packets executed as a result of the final determination.

**Retention Period**

Records will be maintained as required by agency policies