

# Vermont Department of Libraries Grantee Information Form

Grantee Name: \_\_\_\_\_

Business Name (if different from grantee name): \_\_\_\_\_

## **Mailing Address:**

Street or PO Box #: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **Physical Address (if different from mailing address):**

Street: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **Contact Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## **Tax/Subrecipient Award Information**

Federal Tax ID/EIN (this is the number from your W-9): \_\_\_\_\_

Grantee DUNS Number \*: \_\_\_\_\_

Grantee Fiscal Year End Month: \_\_\_\_\_

DUNS Registered Name: \_\_\_\_\_

*\*A DUNS number is a unique nine-character number used to identify your organization. The federal government uses the DUNS number to track how federal money is allocated. Please note that all subrecipient awards \$25,000 or greater MUST be reported in the Federal Funding Accountability and Transparency Act Subaward Reporting System.*

## **Organization Questions**

1. Does the library and/or town have written policies and procedures to assure compliance with grant award requirements? (Please select) Yes      No  
If so are they available to review? (Please select) Yes      No
2. What type of accounting system is used for the library's finances? (Please select)  
Automated      Manual      Combination
3. Does the accounting system allow you to completely and accurately track receipts and disbursements related to grant awards? (Please select) Yes      No
4. Does the accounting system allow complete tracking of employee's time related to grant awards? (Please select) Yes      No

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## Pre-Risk Assessment

The Department of Libraries performs a pre-risk assessment on all potential grantees. Eligible grantees are those that are not currently suspended or debarred by the Federal government and are current in submissions of the ***Subrecipient Annual Report*** and ***Single Audit Reports*** for at least the past three years.

## Grantee Approval

I hereby acknowledge that by signature below that I have read the above, and the information provided is true and accurate.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Full Name: \_\_\_\_\_