

## 2017 BUSINESS MANAGEMENT FORM

**Missouri Department of Health and Senior Services (DHSS) 2017 online administrative and data collection form**  
**For reference purposes only. To complete the form, go to <https://health.mo.gov/atoz/bma/index.php>.**

	Required	Question #	Question
Section I	*	1a	Business Name <i>Enter your entity's legal business name as it is registered with the Missouri Secretary of State's Office. If you have multiple locations with differing d/b/a names under a corporation, list the name of the corporation in 1b.</i>
	*	1b	Doing Business As:
	*	1c	Address <i>This must be a street address, not a Post Office (PO) box.</i>
	*	1d	Additional Address <i>This may be a PO box number.</i>
	*	1e	City
	*	1f	State <i>Select one from drop down box</i>
	*	1g	ZIP+4 see <a href="http://zip4.usps.com/zip4/welcome.jsp">http://zip4.usps.com/zip4/welcome.jsp</a>
	*	1h	Business web site, if applicable.
*	2a	Executive Contact Name <i>This person should be knowledgeable in the federal programs in which your entity participates.</i>	
*	2b	Executive Contact Title	
*	2c	Executive Contact Phone	
*	2d	Executive Contact Email	
*	3	Is your Financial Contact information the SAME as Executive Contact information? <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> </div>	
*	4a	Financial Contact Name <i>This person is responsible for financial record keeping for the entity.</i>	
*	4b	Financial Contact Title	
*	4c	Financial Contact Phone	

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* 4d	Financial Contact Email
* 5	Federal Taxpayer Identification Number <i>No dashes, letters or special characters-Federal tax IDs are 9 digit numbers.</i>
* 6	CFR §200.414(a) states "Major nonprofit organization are those which received more than \$10 million dollars in direct Federal funding." I certify that my organization:  <input type="text" value="Select One"/> { Is a major non-profit organization Is not a major non-profit organization
* 7a	Business Entity Type (Select the appropriate entity)  <input type="text" value="Select One"/> { Government/Political Subdivision/Public School District Institution of Higher Education (e.g., college, university) For-profit Organization Non-profit Organization
* 7b	Did your organization or entity have at least one board meeting last year? <div style="display: flex; justify-content: space-around;"><span>Yes</span><span>No</span></div>
* 7c	Do you maintain minutes of all your board of director's meetings? <div style="display: flex; justify-content: space-around;"><span>Yes</span><span>No</span></div>
* 8	What type of audit(s) has your entity had within the last three years: <input type="text" value="Select One"/> { Organization has not been audited within the last three years. Organization has had both a standard/financial audit AND an OMB Single Audit performed by a certified public accountant (CPA). Organization has had a standard/financial audit performed by a certified public accountant (CPA). Organization has had an OMB Single Audit performed by a certified public accountant (CPA). Organization has had an agreed-upon-procedures, compilation or other type of review performed by a certified public accountant (CPA).

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*	<p>9 Do you have an accounting system or other method (such as a manual recordkeeping process) and written procedures to ensure all transactions are recorded in a timely, accurate manner and can produce reports that identify the source and use of all funds?</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
<p>Each contract issued by DHSS includes grant and/or other funding information. Does your accounting system or method referenced in the previous question track the following information (note - click on the instructions for definitions of these items):</p>	
*	<p>10a a. Catalog of Federal Domestic Assistance (CFDA) title and number</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
*	<p>10b b. Federal award identification number (FAIN) and year</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
*	<p>10c c. Name of the original federal funding agency</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
*	<p>10d d. Name of the pass-through entity</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
<p>Do your written policies and procedures include a section for:</p>	
*	<p>11a Personnel</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
*	<p>11b Accounting transactions</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
*	<p>11c Allowability of costs</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
*	<p>11d Property and equipment</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
*	<p>11e Records retention</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
*	<p>11f Purchasing/Procurement</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>

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**Question**

*	12	Do written policy and procedures establish a financial segregation of duties?	Yes	No
*	13a	Do written purchasing policy and procedures specify code of conduct standards: for conflicts of interest and govern the actions of employees engaged in the selection, award and administration of contracts?	Yes	No
*	13b	to require all employees, officers (and their immediate families) or affiliates not to solicit or accept gratuities, favors or anything of monetary value from contractors or potential contractors?	Yes	No
*	13c	provide for disciplinary actions if there is a failure to follow the policy/procedure?	Yes	No
*	14	Has your organization had a change in principal management within the past 12 months, such as your manager, accountant, or executive officers?	Yes	No
*	15	Has your organization substantially changed or implemented a new management system (personnel, financial, information technology ...) within the past 12 months?	Yes	No
Section II	*	16	Congressional District (To find your congressional district click <a href="http://www.house.gov/representatives/find">http://www.house.gov/representatives/find</a> )	
[Drop down selection]				
*	17	DUNS Number <i>A DUNS number is FREE for any business required to register with the U.S. government to receive federal contracts or grants. Use the following link to find out if you have already registered for a DUNS number <a href="https://www.dandb.com/dunsnumberlookup/">https://www.dandb.com/dunsnumberlookup/</a></i>		

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18	Parent DUNS Number (if applicable)
19	<p><i>To determine whether you are required to report executive compensation data, please answer the following.</i></p> <p>In your business or organization's previously completed fiscal year, did your business or organization receive \$25,000,000 or more in annual gross revenues from government grant money? (If the answer is No, skip to #27a)</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
20	<p>In your business or organization's previously completed fiscal year, did your business or organization receive 80 percent (80%) or more of its annual gross revenues from government grant money? (If the answer is No, skip to #27a)</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
21	<p>Does the public have access to information on the compensation of the senior executives? (If the answer is No, you are required to report the names and total compensation of the five highest compensated officers/executives in your organization for the previous fiscal year. Complete the Executive Compensation Reporting section beginning in #22a. If the answer is Yes, skip to #27a.)</p> <p style="text-align: center;">Yes <span style="margin-left: 150px;">No</span></p>
22a	Name 1
22b	Amount 1
23a	Name 2
23b	Amount 2
24a	Name 3
24b	Amount 3
25a	Name 4
25b	Amount 4
26a	Name 5
26b	Amount 5

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Required Question #

Question

Section  
III

*The following section pertains to the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). DHSS is collecting contact information to retain on file in the event of a federal HIPAA compliance audit. Enter the contact information for your HIPAA Privacy Officer, or if you do not have a Privacy Officer, then enter the contact information for the person responsible for managing privacy and confidentiality of data in your organization, such as the owner, Human Resources Manager, Executive Director, etc.*

- |   |     |  |
|---|-----|--|
| * | 27a | Privacy Officer or Other Contact Name            |
| * | 27b | Privacy Officer or Other Contact title           |
| * | 27c | Privacy Officer or Other Contact phone           |
| * | 27d | Privacy Officer or Other Contact email           |
|   | 28a | Secondary Privacy Officer or Other Contact name  |
|   | 28b | Secondary Privacy Officer or Other Contact title |
|   | 28c | Secondary Privacy Officer or Other Contact phone |
|   | 28d | Secondary Privacy Officer or Other Contact email |