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**Applicant Information & Pre-award**

**Risk Assessment**

Applicant Name:  EIN# 

Address: 

Street City State Zip Code

Contact Person:  Phone: 

Email: 

**Type of Organization**

Individual/Sole Proprietor C Corporation S Corporation Partnership

Limited Liability Company Non-Profit Government Agency

Purpose of Organization:

Click here to enter text.

**RISK ASSESSMENT**

Management Systems

Does your organization/entity have experience managing grant funds, loans or other types of financial assistance?

Federal State

Local/foundation

## Yes No

Yes No

Yes No

Has your organization/entity had changes to key staff or positions in the past 12 months?

Executive Management Financial

Program

## Yes No

Yes No

Yes No

Has your organization/entity had changes to business systems in the past 12 months?

Financial system Policies and Procedures Data Collection

## Yes No

Yes No

Yes No

Does your organization/entity have policies and procedures for the following?

Procurement

Drug Free Work Place Conflict of Interest Financial Management\*

Property/Equipment Management and Disposition Retention of Records

Equal/Civil Rights

## Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

\*Financial Management Policies and Procedures include those specific to recording financial transactions, an accounting manual with chart of accounts, segregation of duties and authority for approving financial transactions, and maintenance of accounting records including secure access.

Audit Reports and Findings

Did your organization/entity expend $750,000 or more in federal grant funds in the past 24 months?

## Yes No

Does your organization/entity anticipate expending $750,000 or more in federal grant funds in the next 12 months?

## Yes No

Has your organization/entity had an audit in the last 24 months?

## Yes No

If yes, what type of audit?

Click here to enter text.

List any audit findings received from an external entity within the last 24 months.

Click here to enter text.

Did your organization/entity have any monitoring visits by funders other than the Spokane WDC in the last 24 months?

## Yes No

If yes, list any findings

Click here to enter text.

Financial Stability

Which of the following best describes your organization’s/entity’s accounting system?

## Manual Automated Combo

Does your organization/entity have an accounting system in place to segregate expenditures by funding source?

## Yes No

If yes, what type of system?

Click here to enter text.

Does the accounting system produce a budget vs. expenditures report?

## Yes No

Does your organization/entity maintain central files for grants, loans or other types of financial assistance?

## Yes No

Does your organization/entity have a system for tracking employee time and effort distributions specifically by cost objective/activity?

## Yes No

Performance History

Has your organization/entity been awarded other grants, loans or other types of financial assistance in the past 12 months?

## Yes No

If yes, from what entity and how much?

Click here to enter text.