**Spokane Workforce Council   
Pre-award Applicant Risk Assessment**

**Note: All applicants must complete this risk assessment. Please answer all questions and attach all applicable documents, failure to do so will affect the risk determination.**

Organization/Entity Name:

Organization Fiscal Year:

MM/DD/YY to MM/DD/YY

Management Systems

1. Does your organization/entity have experience managing grant funds, loans, or other types of financial assistance? If yes, complete the experience column below with your organization’s experience in each of the types. A brief description is sufficient, grant start stop dates are not needed. Please include the number of overall years/months.

yes

No

|  |  |  |
| --- | --- | --- |
| Type | Years | Experience |
| Federal |  |  |
| State |  |  |
| Local |  |  |
| Foundation |  |  |

1. Has your organization/entity had changes to key staff or positions in the past 12 months? If yes, explain.

Executive Management  Yes No  
Financial  Yes  No  
Program  Yes  No

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1. Has your organization/entity had changes to business systems in the past 12 months? If yes, explain.

Financial system  Yes No  
Policies & Procedures  Yes No

Data Collection  Yes No

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1. Does your organization/entity have policies and procedures for the following? If yes, attach. \*Financial Management Ps and Ps 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.

Procurement  Yes No   
Drug Free Work Place  Yes No  
Conflict of Interest  Yes No  
Financial Management\*  Yes No  
Allowable Costs  Yes No Procurement  Yes No Property/Equipment Management and Disposition  Yes No   
Retention of Records  Yes No  
Equal/Civil Rights  Yes No Fraud Statement  Yes No

Audit Reports and Monitoring Events

1. Did your organization/entity expend $750,000 or more in federal grant funds in the previous fiscal year?

Yes

No

1. Has your organization/entity had a Single Audit or other financial audit in the last 12 months? If yes, attach full audit report including corrective action plans as applicable.

Yes

No

1. Did your organization/entity have any monitoring visits by a funding agency in the last 12 months? If yes, fill out the table below (attach additional pages as necessary) and attach a copy of the report(s). Monitoring reports from the SWC do not need to be included.

Yes

No

|  |  |  |  |
| --- | --- | --- | --- |
| Awarding Entity | Result  (Finding(s) – Yes / No) | Corrective Action Plan required? | Status  (Open or Closed) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Financial Stability

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

Yes

No

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

Yes

No

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

Yes

No

1. Does your organization/entity have a time and effort system that:
   1. Records all time worked, including time not charged to awards?  Yes No
   2. Records employee time specifically by cost objective/activity?  Yes No
   3. Is signed-off by the employee and a supervisor?  Yes No
   4. Complies with the established accounting policies and practices of the organization/entity?  Yes No
2. Does your organization/entity allocate expenses, either directly or indirectly, by means of a cost allocation plan? If yes, attach current plan.

Yes

No

1. Does your organization/entity have a Negotiated Indirect Cost Rate? If yes, attach a copy of the current rate agreement.

Yes

No

10% De Minimis Rate

Performance History

* + - 1. Is your organization/entity presently debarred or suspended?

Yes

No

* + - 1. Has your organization/entity been awarded grants, loans or other types of financial assistance in the past 24 months from the Spokane Workforce Council? If yes, choose the type.

Yes - Federal State Local

No

* + - 1. Has your organization/entity been awarded other federal grants, loans or other types of financial assistance in the past 12 months? If yes, please fill out the following table or attach or Federal Schedule 16 of Awards (attach additional pages as necessary).

Yes

No

|  |  |  |
| --- | --- | --- |
| Awarding Entity | Program/Project | Award Amount |
| See Schedule 16 attached |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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* + - 1. Has your organization/entity been defunded or had a reduction in a grant, loan, or other type of financial assistance in the past 12 months? If yes, explain.

Yes

No

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* + - 1. Does your organization/entity obtain prior written approval when required from the funding agency when:
         1. The scope or objective of the program changes? Yes No
         2. A budget revision/adjustment is desired? Yes No
      2. Has your organization/entity been subject to conditional approvals due to compliance issues? If yes, specify the terms of the special condition and whether or not the special condition is still applicable.

Yes

No

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