**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 |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* + - 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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