*To Be Completed by the Subrecipient*

**King County**

**Pre‐Award Risk Questionnaire**

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| **In compliance with the Department of the Treasury (“federal grantor”), all subrecipients must complete this pre‐award risk questionnaire before entering into a sub‐agreement with the County. This questionnaire—combined with the County’s program staff assessment—will assist the County in determining any conditions/assistance to be included in your sub‐agreement for work under this grant per 31 CFR 35. There are no predetermined answers that would automatically disqualify your organization from consideration for an award.** | | |
| **Organization Name:** | | |
| **Type of Organization Requesting Funding:** | | |
| **Organization Unique Entity Identifier (Sam.gov):** | **Organization Fiscal Year (Start & End Month):** | **Date of Form Completion:** |
| **Completed by:** | | |
| **Name & Title:** | **Email Address:** | **Phone #:** |
| **Performance History** | | |
| 1. **Has your organization received a federal award directly as a prime recipient from a federal awarding agency in the past 5 years? If yes, please list the federal grantor agency name, time-period, award amount, audit findings (and corrective actions/completion date(s)), and grant number****.** | | |
| 1. **Has your organization received federal funds as a subrecipient from a passthrough awarding agency (e.g., state agency, local government, nongovernment entity) in the past 5 years? If yes, please list the passthrough agency name, time-period, award amount, audit findings (and corrective actions/completion date(s)), and grant number. These funds could include any City of Seattle, King County or other federal award funds, including but not limited to COVID-19 relief funds, passed through to your organization from another organization.** | | |
| 1. **In the past 5 years, has your organization managed grant funds, loans, or other types of financial assistance, including but not limited to COVID-19 relief funds, from any of the following entities?**   Federal  Yes  No  State  Yes  No  King County  Yes  No  City of Seattle  Yes  No  Private  Yes  No  Other (specify)  Yes  No | | |
| **Management Systems & Personnel** | | |
| 1. **Does your organization have any new or substantially changed management systems (technological or other) in the past 12 months? If yes, please specify what has changed.** | | |
| Yes  No | | |
| **New/Changed Systems:** | | |
| 1. **Has your organization had changes to the following key staff or positions in the past 12 months? If yes, explain in the comments section. Please provide the organizational chart.** | | |
| Governing Body  Yes  No | | |
| Executive Management  Yes  No | | |
| Financial Officer  Yes  No | | |
| Risk Manager  Yes  No  N/A  Other Relevant (fill in) | | |
| 1. **Does your organization have capacity to manage and implement federal regulations, including 2 CFR 200 and specific federal funder regulations?** | | |
| Yes   No  No and Request Technical Assistance (Listed Below) | | |
|  | | |
| 1. **Does your organization have current staff with experience in this type of program?**   Yes  No  **If yes, how many?**        **If no, is there a staffing plan to hire?** | | |
| 1. **Does your organization have the following written standard operating procedures and policies following the most up to date generally accepted accounting principles:**  * **Separation of duties\***  Yes   No  Unsure * **Handling of cash**  Yes  No  Unsure * **Contracting procedures**  Yes  No  Unsure * **Personnel**  Yes  No  Unsure * **Travel policies**  Yes  No  Unsure | | |
| \*Examples include: an up to date organization chart showing decision making responsibilities, delineations and separation of duties, charter or board of directors documentation, governing documents or bylaws, etc. | | |
| **Audit History** | | |
| 1. **Has your organization had an audit or grantor monitoring visit in the last 24 months?**   Yes   No | | |
| **If yes, what type of audit or visit?**  (Please send reports with this form) | | |
| 1. **Are there any unresolved audit or monitoring findings?**   Yes No  **If yes, what type of finding(s)?** | | |
| **Financial Stability** | | |
| 1. **Which of the following best describes your organization’s accounting system?** | | |
| Manual  Automated  Combo | | |
| 1. **Does your accounting system segregate expenditures by funding source?** | | |
| Yes  No | | |
| **If yes, what type of system?** | | |
| 1. **Does your organization maintain central files for grants, loans, or other types of financial assistance?** | | |
| Yes  No | | |
| **Comments: Please use this section to provide additional information on the foregoing questions. Be sure to clearly list section and number on which you are providing comment.** | | |
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