# Attachment A: Financial Management Risk Assessment

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| **Financial Management Risk Assessment**  **All applicants applying for the Mentor Grant Program must fill out the following assessment.** These questions are intended to collect information about the capacity and ability of the applicant to manage federal and/or state grant funds. Applicants are advised to make sure that the person(s) completing these questions are those responsible for and knowledgeable about the Fiscal Agent’s financial management functions. Scores from this section will determine if the organization’s level of risk to manage federal grant funds is high, medium, or low, and these scores will be utilized in determining potential grant awards.  **High Risk** – More than 20 points  **Medium Risk** – 8-20 points  **Low Risk** – Below 8 points | | | | | | | | | | |
| 1. Is the applicant on the Federal or State Debarment List? (If yes, no need to complete the rest of this form.) | | | | | | | **Yes** | | | **No** |
| 25 | | | 0 |
| 1. Is the applicant in good standing on the Secretary of State registration?   (CBO or Non-Profit) | | | | | | | **Yes (or N/A)** | | | **No** |
| 0 | | | 5 |
| 1. Does the applicant have an active [UEI Number](https://sam.gov/content/duns-uei) with no [exclusions](https://www.fsd.gov/gsafsd_sp?id=gsafsd_kb_articles&sys_id=a98eb3091bf111540944ece0f54bcbfe)? UEI#: UEI Expiration Date: | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. Has the applicant ever had a government contract, project, or agreement terminated? | | | | | | | **Yes** | | | **No** |
| 5 | | | 0 |
| 1. Has there been changes in the applicant’s fiscal and/or program personnel in the previous year? | | | | | | | **Yes** | | | **No** |
| 5 | | | 0 |
| 1. Does the applicant use a commercial/licensed financial software system? If yes, what system? | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. Does the applicant’s financial software system ensure that grant funds are not comingled with general operating funds? | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. Has the applicant received federal or state awards from the Colorado Department of Education in the past four years? If yes, which program(s) and year(s)? | | | | | | | **Yes** | | | **No** |
| 0 | | | 1 |
| 1. Does the applicant have written procedures for procurement, time and effort (federal), and fiscal management (to include internal control procedures) of Federal or State grant funding that specifically comply with the Uniform Grants Guidance? | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. How many years has the applicant been in existence? | **<2 years** | **2-5 years** | | **6-10 years** | | **11-14 years** | | | **15 years or more** | |
| 4 | 3 | | 2 | | 1 | | | 0 | |
| 1. Does the applicant have experience managing other federal, state, local and/or private funds? | **<1 year** | **2-4 years** | | **5-7 years** | | **8-10 years** | | | **More than 10 years** | |
| 4 | 3 | | 2 | | 1 | | | 0 | |
| 1. Does the applicant have experience administering federal funds or other grants that provide funds for services to a comparable target population? | **<1 year** | **2-4 years** | | **5-7 years** | | **8-10 years** | | | **More than 10 years** | |
| 4 | 3 | | 2 | | 1 | | | 0 | |
| 1. Number of years that the applicant’s primary fiscal contact has been in the position (or a similar position) as of the application date? | **<1 year** | **1-2 years** | | **3-5 years** | | **6-9 years** | | | **More than 10 years** | |
| 4 | 3 | | 2 | | 1 | | | 0 | |
| 1. Amount of grant funding requested for this project: $ | **More than $300,000** | | **$200,000 - $299,999** | | **$100,000 - $199,999** | | | **< $99,999** | | |
| 4 | | 3 | | 2 | | | 1 | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Single Audit Status (answer only if applicant receives *more than* $750,000 in federal funding from other resources). Finding refers to a material weakness, significant deficiency, or questioned costs. To be reviewed in the Audit Clearing House. | **No single audit performed** | | **Received a Program AND Fiscal audit finding** | | | **Received a Fiscal OR Program audit finding** | | | | **No findings were received OR N/A** | |
| 4 | | 3 | | | 2 | | | | 0 | |
| 1. Financial Audit Status (answer if NOT required to have a Single Audit, but instead a standard financial audit). | **No audit performed for prior year** | | | **Financial Audit completed for prior year** | | | | **IRS 990 Form** | | | |
| 5 | | | 0 | | | | 0 | | | |
| 1. Submit a copy of most recent Financial Audit. Based on this submission, indicate the percentage of the proposed grant budget being applied for as compared to total operating budget (i.e., grant budget divided by total operating budget). | **40% or greater** | **31% - 39%** | | | **20%- 30%** | | **6%-19%** | | | | **<5%** |
| 4 | 3 | | | 2 | | 1 | | | | 0 |
| **CDE Comments:** | | | | | | | | | | | |
| **Total Points:** | | | | | | | | |  | | |
| **Risk Designation:** | | | | | | | | |  | | |

**High Risk** – More than 20 points

**Medium Risk** – 8-20 points

**Low Risk** – Below 8 points

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject this entity to immediate termination of a grant award agreement up to and including return of any disbursed funds.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Preparer - Typed Name and Title |  | Signature |  | Date |
|  | | |  |  |
| Entity Name | | |  |  |