# Part IV: Financial Management Survey

**\*\* Upload the completed Part IV: Financial Management Survey within the** [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication).**\*\***

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| --- | --- | --- | --- | --- | --- |
| **Entity Name:** |  | **DUNS #:** |  | **Date:** |  |

**Purpose**

This survey is intended to collect information about the capacity and ability of the applicant to manage federal and/or state grant funds. Information from the report will be used to assess an organization’s structure and capacity-building needs and identify any appropriate technical assistance and/or resources to strengthen operations.

**Procedure**

Completion of this report is required. Applicant organizations are advised to make sure that the person or persons completing this form are those responsible for and knowledgeable about the organization’s financial management functions. This information will be taken into consideration as part of the grant application. Scores 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 awards.

**Risk Assessment**

The risk score determines the order in which state staff will evaluate and monitor the grant program.

**High Risk -** A score over 20 requires **intensive monitoring and improvement** based on a thorough evaluation of the grant project.

**Medium Risk -** A score between 8 and 20 requires evaluation of areas that **need improvement** and improving those areas based on the approved action plan.

**Low Risk -** A score below 8 generally identifies that the program is at **lower** risk for potential waste, mismanagement, non-compliance, or fraud.

**Scoring: The following questions will be awarded a score ranging from 0 to 5. 5 - High Risk / 0 - Low Risk**

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| **Financial Management Survey** | | | | **SCORE** |
| 1 | Is the Applicant on the Federal or State Debarment List, including the USDA National Disqualified List and State 501C3 list? (If yes, no need to go further) | | Yes (25) No (0) |  |
| 2 | Is the entity in good standing on the State 501C3 list? | | Yes (0) No (5) N/A (0) |  |
| 3 | Is this a Federal Grant Application (or Federal Funds pass-through)? | | Yes (0) No (0) | N/A |
| 4 | Does entity have an active, no exclusion, DUNS Number? | | Yes (0) No (10) |  |
| 5 | Has the agency or principals thereof ever been suspended or debarred from receiving state or federal grants or contracts? | | Yes (5) No (0) |  |
| 6 | Has the agency ever had a government contract, project, or agreement terminated? | | Yes (5) No (0) |  |
| 7 | Does the agency employ a finance director with at least three years of experience in accounting at this type of entity? | | Yes (0) No (5) |  |
| 8 | Has there been changes in fiscal/program personnel in the previous year? | | Yes (5) No (0) |  |
| 9 | Does the entity use a commercial/licensed financial software system?  If yes, what system: | | Yes (0) No (5) |  |
| 10 | Does this system ensure that grant funds are not commingled with general operating funds? | | Yes (0) No (5) |  |
| 11 | How many years has the organization been in existence? | | Fewer than two years (4)  2-5 years (3)  6-10 years (2)  11-14 years (1)  15 years or more (0) |  |
| 12 | Does the Agency have experience managing other federal, state, local or private funds? | | 0-1 years of experience (4)  2-4 years of experience (3)  5-7 years of experience (2)  8-10 years of experience (1)  10+ years of experience (0) |  |
| 13 | Does the Agency have experience administering federal funds or other grants that provide funds for services to a comparable target population? | | 0-1 years of experience (4)  2-4 years of experience (3)  5-7 years of experience (2)  8-10 years of experience (1)  10+ years of experience (0) |  |
| 14 | Has the entity received federal awards from CO Department of Education in the past?  If Yes, which program and year? | | Yes (0) No (1) |  |
| 15 | Number of years that the Program Fiscal Contact has been in the position as of the application date? | | 0-1 years of experience (4)  1-2 years of experience (3)  3-5 years of experience (2)  6-9 years of experience (1)  10+ years of experience (0) |  |
| 16 | Does the entity 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 (0) No (5) |  |
| 17 | Amount of grant award requested for this project: | | $300,000 + (4)  $200,000 - $299,999 (3)  $100,000 - $199,999 (2)  $50,000 - $99,999 (1)  $0 - $49,999 (0) |  |
| 18 | Single Audit Status (answer only if you receive MORE THAN $750k in ***federal*** funding from other resources):  \*Finding refers to a material weakness, significant deficiency, or questioned costs. | No single audit performed (5)  Received a Program and Fiscal audit finding (4)  Received a Fiscal audit finding (3)  Received a Program audit finding (2)  No findings (0) | |  |
| 19 | Financial Audit Status (answer if ***not*** required to have a Single Audit, but instead a standard financial audit): | No audit performed for prior year (5)  Financial Audit completed for prior year (0)  IRS 990 Form Submitted for Review (0) | |  |
| 20 | Please Submit a copy of most recent financials. Based on this submission, please indicate the percentage of grant budget being applied for as compared to total operating budget. (grand budget divided by total operating budget). | | < 5% (0)  6%-19% (1)  20%- 30% (2)  31% - 39% (3)  40% or greater (4) |  |
|  |  | | **TOTAL** |  |

\*As indicated on the entities most recent single audit review.

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.

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