|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Does your organization/entity have experience managing grant funds, loans, or other types of financial assistance?**  Yes  No | | | | | | |
|  | If yes, complete the experience column below with your organization’s experience in each of the types. Please include the number of years/months: | | | | | | |
|  |  | Years |  | Months |  | | |
|  | Foundation |  |  |  |  | | |
|  | Federal |  |  |  |  | | |
|  | State |  |  |  |  | | |
|  | Local (City/County) |  |  |  |  | | |
|  |  | | | | | | |
| **2.** | **Has your organization/entity had changes to key staff or positions in the past 12 months?** | | | | | | |
|  | Executive Management | Yes | No | | |  | |
|  | Financial | Yes | No | | |  | |
|  | Program | Yes | No | | |  | |
|  |  | | | | | | |
| **3.** | **Has your organization previously provided the described services in the past 12 months?** | | | | | | |
|  | Yes  No | | | | | | |
|  | If yes, were all program objectives specified in the contract's scope of services met? | | | | | | |
|  | Yes  No | | | | | | |
|  |  | | | | | | |
| **4.** | **Does key staff have the experience, necessary knowledge, skills, and abilities to perform the job duties?** | | | | | | |
|  | Yes  No | | | | | | |
|  |  | | | | | | |
| **5.** | **Has your organization/agency had a Single Audit or other financial audit in the last 12 months?** | | | | | | |
|  | Yes  No | | | | | | |
|  | If yes, were there any findings? | | | | | | |
|  | Yes  No | | | | | | |
|  | If yes, attach full audit report including corrective action plans as applicable. | | | | | | |
|  |  | | | | | | |
| **6.** | **What is the grant award amount for this program?** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| **7.** | **Has your organization identified any issue with cash flow?** | | | | | | |
|  | Yes  No | | | | | | |
|  |  | | | | | | |
| **8a.** | **Does your organization have an accounting system in place to segregate expenditures by funding source?** | | | | | | |
|  | Yes  No | | | | | | |
| **8b.** | **Does the accounting system produce a budget vs. expenditures report?** | | | | | | |
|  | Yes  No | | | | | | |
|  |  | | | | | | |
| **9.** | **Have reports previously been submitted on this program?** | | | | | | |
|  | Yes  No | | | | | | |
| **10.** | **Did your organization have any monitoring visits by the funding agency in the last 12 months? If yes, attach a copy of the report(s).** | | | | | | |
|  | Yes  No | | | | | | |
|  | If yes, were there any findings? | | | | | | |
|  | Yes  No | | | | | | |
|  | If yes, attach a copy of the report(s) including corrective action plans as applicable. | | | | | | |
|  |  | | | | | | |
| **11.** | **Has your organization ever been suspended/debarred from doing business with the federal government?** | | | | | | |
|  | Yes  No | | | | | | |
|  |  | | | | | | |
| **12.** | **Will your organization subcontract for any scoped grant services?** | | | | | | |
|  | Yes  No | | | | | | |
|  | If yes, how many subcontracts for  minor services \_\_\_\_\_\_  major services \_\_\_\_\_\_\_ | | | | | | |