|  |  |
| --- | --- |
| **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 \_\_\_\_\_\_\_ |