



**COMMUNITY, HOUSING, AND
HUMAN SERVICES DEPARTMENT**
808 W. SPOKANE FALLS BLVD.
SPOKANE, WASHINGTON 99201
509.625.6325
FAX 509.625.6315

Risk Assessment

1. In the past 12 months, have there been any changes to the following:

- | | | |
|----------------------|------------------------------|-----------------------------|
| Executive Leadership | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Key Project Staff | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Business Systems | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

2. How long has this project been in operation?

- Less than 2 Years More than 2 Years This is a new project

3. Does your organization have experience managing grant funds, loans, or other types of financial assistance?

- YES NO

If YES, please complete the table below with your organizations experience in each of the types. Please include the number of years/months:

	Years	Months
Federal	_____	_____
State	_____	_____
Local	_____	_____

4. How many years of experience do the following staff at your organization have?

- | | | | |
|----------------------------|--|--------------------------------------|--|
| Executive Management Staff | <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> 2 - 5 Years | <input type="checkbox"/> More than 6 Years |
| Fiscal/Bookkeeping Staff | <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> 2 - 5 Years | <input type="checkbox"/> More than 6 Years |

5. Does your organization have any pending litigation or legal action that's occurred in the last 3 years regarding grants/financial management?

- YES NO

6. **Has your organization terminated or has the City of Spokane terminated any contracts in the past 24 months because of performance or compliance issues?**

YES NO

7. **Does your organization have funders other than the City of Spokane who monitor (non-audit) contracts and grants?**

YES NO

8. **Does your organization have an accounting system that differentiates between direct and indirect costs?**

(Please provide a Chart of Accounts)

YES NO

9. **Does your organization have an accounting system that tracks each separate project and funding source?**

(Please provide a sample report)

YES NO

10. **Does your organization have a system for tracking employee time and effort distributions specifically by cost objective/activity?**

(Please provide a sample of a completed timesheet)

YES NO

11. **What percentage of your organization's annual budget is government funding (federal and state)?**

Under 10% 10 - 30% 30 - 50% More than 50%

12. **Did your organization expend more than \$1,000,000 in Federal funds for the previous Fiscal Year?**

YES NO

If YES, has your organization had a Single Audit or other financial audit in the past 12 months?

YES NO

If YES, were there any findings?

YES NO

13. Does your organization have policies and procedures for the following?

(Please provide each policy and procedure document)

- | | | |
|---|------------------------------|-----------------------------|
| Procurement | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Drug-Free Workplace | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Conflict of Interest | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Financial Management | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Property/Equipment Management and Disposition | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Retention of Records | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Equal/Civil Rights | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

CDBG/HOME ONLY

14. Has your organization previously received HOME or CDBG funds?

- YES NO

15. What type of activity is being applied for?

- | | |
|--|--|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Emergency Assistance Payments |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Planning, Infrastructure, Public Facilities |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Home Repair or Rehabilitation | <input type="checkbox"/> Tenant-Based Rental Assistance |
| <input type="checkbox"/> Micro Enterprise | |