

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	$\Box$ YES	$\Box$ NO
Key Project Staff	$\Box$ YES	$\Box$ NO
Business Systems	$\Box$ YES	$\Box$ NO

2. How long has this project been in operation?

$\Box$ Less than 2 Years $\Box$ More than 2 Years $\Box$ This is a n	new project
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**3.** Does your organization have experience managing grant funds, loans, or other types of financial assistance?

 $\Box$  YES  $\Box$  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	$\Box$ Less than 2 years	$\Box$ 2 - 5 Years $\Box$ More than 6 Years
Fiscal/Bookkeeping Staff	$\Box$ Less than 2 years	$\Box$ 2 - 5 Years $\Box$ 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?

 $\Box$  YES  $\Box$  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?

 $\Box$  YES  $\Box$  NO

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

 $\Box$  YES  $\Box$  NO

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

(Please provide a Chart of Accounts)

 $\Box$  YES  $\Box$  NO

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

(*Please provide a sample report*)

 $\Box$  YES  $\Box$  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*)

 $\Box$  YES  $\Box$  NO

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

 $\Box \text{ Under } 10\% \qquad \Box 10 - 30\% \qquad \Box 30 - 50\% \qquad \Box \text{ More than } 50\%$ 

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

 $\Box$  YES  $\Box$  NO

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

 $\Box$  YES  $\Box$  NO

If YES, were there any findings?

 $\Box$  YES  $\Box$  NO



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

(*Please provide each policy and procedure document*)

Procurement	$\Box$ YES	$\Box$ NO
Drug-Free Workplace	$\Box$ YES	$\Box$ NO
Conflict of Interest	$\Box$ YES	$\Box$ NO
Financial Management	$\Box$ YES	$\Box$ NO
Property/Equipment Management and Disposition	$\Box$ YES	$\Box$ NO
Retention of Records	$\Box$ YES	$\Box$ NO
Equal/Civil Rights	$\Box$ YES	$\Box$ NO

# **CDBG/HOME ONLY**

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

 $\Box$  YES  $\Box$  NO

#### 15. What type of activity is being applied for?

- $\Box$  Acquisition
- □ Affordable Housing
- □ Economic Development
- $\Box$  Home Repair or Rehabilitation
- □ Micro Enterprise

- Emergency Assistance Payments
- □ Planning, Infrastructure, Public Facilities
- □ Public Service
- □ Tenant-Based Rental Assistance
- 16. Please provide a short summary of your fundraising plan for the next 12-24 months. This does not need to be extensive in nature but provide enough information to assure the City that we are not the sole financial source for this project. Please include, but not limit to, other grants under contract or intending to pursue, current or potential philanthropic partners, community fundraising etc.

