HOUSING AND HOMELESS SERVICES DEPARTMENT
808 W. SPOKANE FALLS BLVD.
SPOKANE, WASHINGTON 99201
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Risk Assessment

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

Executive Leadership	☐ YES	☐ NO
Key Project Staff	☐ YES	☐ NO
Business Systems	☐ YES	☐ NO

2. **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 organization's experience in each of the types. Please include the number of years/months:

	Years	Months
Federal	_____	_____
State	_____	_____
Local	_____	_____

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

Executive Management Staff	☐ Less than 2 years	☐ 2 - 5 Years	☐ More than 6 Years
Fiscal/Bookkeeping Staff	☐ Less than 2 years	☐ 2 - 5 Years	☐ More than 6 Years

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

☐ YES ☐ NO

5. **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

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

   ☐ YES ☐ NO

7. **Does your organization have an accounting system that differentiates between direct and indirect costs?**
   (Please provide a Chart of Accounts)

   ☐ YES ☐ NO

8. **Does your organization have an accounting system that tracks each separate project and funding source?**
   (Please provide a sample report)

   ☐ YES ☐ NO

9. **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

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

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

11. **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

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12. Does your organization have policies and procedures for the following?
(Please provide each policy and procedure document)

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

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