

# City of Spokane Community, Housing, and Human Services

## Pre-award Applicant Risk Assessment

**Note: All applicants must complete this risk assessment. If your organization/entity is applying for the City of Spokane Community, Housing, and Human Services Multi-Family Housing Program, complete this risk assessment in reference to the project sponsor. Please answer all questions and attach all applicable documents, failure to do so will affect the risk determination.**

Organization/Entity Name:

Organization Fiscal Year: to  
MM/DD/YY to MM/DD/YY

Management Systems

1. Does your organization/entity have experience managing grant funds, loans, or other types of financial assistance? If yes, complete the experience column below with your organization’s experience in each of the types. Please include the number of years/months.

Yes  
No

Type	Experience
Federal	
State	
Local	
Foundation	

2. Has your organization/entity had changes to key staff or positions in the past 12 months? If yes, explain.

Executive Management	Yes	No
Financial	Yes	No
Program	Yes	No

3. Has your organization/entity had changes to business systems in the past 12 months? If yes, explain.

Financial system	Yes	No
Policies & Procedures	Yes	No
Data Collection	Yes	No

4. Does your organization/entity have policies and procedures for the following? If yes, attach.

*\*Financial Management Ps and Ps include those specific to recording financial transactions, an accounting manual with chart of accounts, segregation of duties and authority for approving financial transactions, and maintenance of accounting records.*

Procurement	Yes	No
Drug Free Work Place	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

#### Audit Reports and Monitoring Events

1. Did your organization/entity expend \$750,000 or more in federal grant funds in the previous fiscal year?

Yes

No

2. Has your organization/entity had a Single Audit or other financial audit in the last 12 months? If yes, attach full audit report including corrective action plans as applicable.

Yes

No

3. Did your organization/entity have any monitoring visits by a funding agency in the last 12 months? If yes, fill out the table below (attach additional pages as necessary) and attach a copy of the report(s).

Yes

No

Awarding Entity	Result (Finding(s) – Yes / No)	Corrective Action Plan required?	Status (Open or Closed)

### Financial Stability

1. Does your organization/entity have an accounting system in place to segregate expenditures by funding source?  
Yes  
No
2. Does the accounting system produce a budget vs. expenditures report?  
Yes  
No
3. Does your organization/entity maintain central files for grants, loans, or other types of financial assistance?  
Yes  
No
4. Does your organization/entity have a time and effort system that:
  - a. Records all time worked, including time not charged to awards? Yes No
  - b. Records employee time specifically by cost objective/activity? Yes No
  - c. Is signed-off by the employee and a supervisor? Yes No
  - d. Complies with the established accounting policies and practices of the organization/entity? Yes No
5. Does your organization/entity allocate expenses, either directly or indirectly, by means of a cost allocation plan? If yes, attach current plan.  
Yes  
No
6. Does your organization/entity have a Negotiated Indirect Cost Rate? If yes, attach a copy of the current rate agreement.  
Yes  
No  
10% De Minimis Rate

### Performance History

1. Is your organization/entity presently debarred or suspended?  
Yes  
No
2. Has your organization/entity been awarded grants, loans or other types of financial assistance in the past 24 months from the City of Spokane? If yes, choose the type.  
Yes:                      Federal                      State                      Local

No

3. Has your organization/entity been awarded other grants, loans or other types of financial assistance in the past 12 months? If yes, please fill out the following table (attach additional pages as necessary).

Yes

No

Awarding Entity	Program/Project	Award Amount

4. Has your organization/entity been defunded or had a reduction in a grant, loan, or other type of financial assistance in the past 12 months? If yes, explain.

Yes

No

5. Does your organization/entity obtain prior written approval from the funding agency when:
- |                                                   |     |    |
|---------------------------------------------------|-----|----|
| a. The scope or objective of the program changes? | Yes | No |
| b. A budget revision/adjustment is desired?       | Yes | No |
6. Has your organization/entity been subject to conditional approvals due to compliance issues? If yes, specify the terms of the special condition and whether or not the special condition is still applicable.
- Yes
- No