



Subrecipient Information and Pre-Award Risk Assessment

This assessment is used to help determine a potential subrecipient's financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. This assessment must be completed prior to entering into a subaward agreement. The Town of Warrenton may follow up with the potential subrecipient regarding the responses to this assessment.

1. Subrecipient Contact Information

Program/Project: _____

Full Legal Organization/Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date Organization established: _____

Name & Title of person completing this form: _____

Email address: _____

Is Organization registered with SAM.gov? Yes No

SAM.gov Unique Entity Identifier #: _____

EIN/TIN: _____

Fiscal Year Start Date: _____

Partner Agency if Applicable: _____

Primary location/address of Project Performance: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Subrecipient Type of Organization (select one):

Government Non-Profit For Profit Other: _____

3. Subrecipient Personnel Contact Information

Project Director for Subaward

Name: _____

Title: _____

Telephone Number: _____

Email Address: _____

Additional Contact for Subaward

Name: _____

Title: _____

Telephone Number: _____

Email Address: _____

4. Do you certify that your organization or its employees related to this grant are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal or State department or agency?

Yes No

5. Does the Subrecipient organization have a negotiated Indirect Cost/F&A Rate from a cognizant Federal Agency?

Yes No 10% De Minimis Rate (will be default)

(If yes, please attach a copy of your current rate agreement)

Name of Designated Federal Cognizant Agency: (if applicable): _____

6. Has Subrecipient received an award or subaward to conduct programs similar to those covered under this proposed subaward agreement in the last two (2) fiscal years? If yes, provide a list of all such award or subawards.

Yes No

7. Was Subrecipient required to comply with the Single Audit requirements of the Uniform Guidance in the last two (2) fiscal years? (Compliance with 2 C.F.R> Part 200 Subpart F required if Subrecipient expends \$750,000 or more in federal awards in a fiscal year).

Yes No

8. Have Subrecipient's financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most recent audit.

Yes No

9. If the answer to Questions 7 or 8 is yes, were there any findings or questioned cost in the last two (2) fiscal years? If yes, please explain any finding or questioned costs with respect to an award or subaward to conduct programs similar to those covered by this proposed subaward agreement.

Yes (Attach separate explanation) No

10. Does Subrecipient have an accounting system that identifies the revenues and expenditures for each Agency program by funding source?

Yes No

11. Does the accounting system provide for the recording of revenues and expenditures for each award by budget cost categories shown in the approved budget?

Yes No

12. Is the Organization's accounting system automated (e.g., QuickBooks, Sage)?

Yes No

Please describe system or name of financial software package: _____

13. Are all bank accounts reconciled monthly?

Yes No

14. In the last 12 months, has Subrecipient implemented new or substantially changed systems related to its federal grant management? If yes, please explain.

Yes (Attach separate explanation) No

15. In the last 12 months, has Subrecipient hired new senior management personnel (e.g., Executive Director/CEO, Finance Director/CFO) and or gram personnel who would be working on this proposed subaward? If yes, please explain.

Yes (Attach separate explanation) No

16. Does Subrecipient have written policies and procedures that address the following?

Pay Rates and Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Time and Attendance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchasing/Procurement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discrimination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conflicts of Interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Capitalization/Depreciation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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17. Attachments: Please attach the following or check N/A if not applicable.

	<u>Document</u>	<u>Attached</u>	<u>N/A</u>
a.	Form 990 or 990-EZ from the last two years, including Form 990-T and all supporting schedules and attachments	<input type="checkbox"/>	<input type="checkbox"/>
b.	Copies of audit reports and management letters received during the last two (2) fiscal years from Subrecipient's independent auditors (including all reports associated with a Single Audit pursuant to 2 C.F.R. Part 200, Subpart F)	<input type="checkbox"/>	<input type="checkbox"/>
c.	Copies of results from audits, examinations, or monitoring procedures performed during the last two (2) fiscal years on any direct federal award received by Subrecipient	<input type="checkbox"/>	<input type="checkbox"/>
d.	Indirect cost rate agreement	<input type="checkbox"/>	<input type="checkbox"/>
e.	List of all subawards to conduct programs similar to those covered under this proposed subaward agreement to Subrecipient from any funder during the last two (2) years	<input type="checkbox"/>	<input type="checkbox"/>

By its authorized signatory below, Subrecipient hereby certifies and attests to the accuracy of the above responses and all corresponding information attached.

Signature: _____

Printed Name: _____

Title: _____ Date: _____