



North Central Texas Council of Governments
Subrecipient Pre-Award Risk Assessment Questionnaire

Please provide the information requested. All blanks must be completed. Please enter N/A for questions that are not applicable.

Subrecipient Entity: _____
Address: _____
City, State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Primary location/address of Performance: _____

1. Your Entity is required to maintain an active registration in the federal System for Award Management (SAM) which is updated annually. <https://sam.gov/content/home>
Date of registration or last update _____ Unique Entity ID _____

2. Provide name and title of the individual who is appropriately authorized to attest to the accuracy of the information provided above:

Name Title

Signature Date

3. List any DBAs ("Doing Business As") for your organization: _____

4. What is your organization's fiscal year? From: _____ To: _____

5. How long has your organization been in business? _____

6. Does your organization have fifteen or more employees? NO YES

7. Does your organization have any grant experience? NO YES

8. Does your organization have any current grants other than with NCTCOG? NO YES

List grants and funding sources _____



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9. Has your organization or anyone employed by your organization and working on the grant(s) had any prior experience working with or on a project funded by NCTCOG? YES NO
10. Does your organization have a Cost Allocation Plan?
 YES Attach a copy of the current Cost Allocation Plan.
 NO Explain: _____

11. Does your organization have a negotiated Indirect Cost Rate from a cognizant Federal agency?
 YES Attach a copy of the current rate agreement. Provide name of designated Federal cognizant audit agency _____
 NO If not negotiated but Indirect Cost Rate is utilized, provide methodology for determining rate ____

 NA Not Applicable
12. Has your organization had a Single Audit (formerly OMB Circular A-133) within the last three years?
 YES Attach an electronic copy of the most recent Single Audit.
 NO Provide an electronic copy of your CPA reviewed or prepared financial statements for the most recently completed two fiscal years. Explain if unavailable _____
13. Has your organization had a change in senior level management within the past 12 months?
 NO YES Explain: _____

14. Has your organization substantially changed or implemented a new management or software system in areas of personnel, financial, information technology, etc., within the past 12 months?
 NO YES Explain which system(s) has changed: _____
15. Does your financial management system:
a) provide for the control and accountability of grant funds, property and other assets? YES NO
b) separately track revenue and expenditures for the grant funds? YES NO
16. Is your organization involved in any unresolved matters involving: Internal Revenue Service? Bankruptcy proceedings? Any type of litigation?
 NO YES Explain: _____
17. Does your organization reconcile its bank account(s) monthly as part of the closing process?
 YES NO Most recent month reconciled _____
18. How frequently are accounting entries posted to the General Ledger? Weekly Monthly
 Periodically None of the above



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19. Note the formal written policies and procedures that your organization has:

Ethics/Professional Conduct	<input type="checkbox"/> YES <input type="checkbox"/> NO	Allowability of Costs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pay Rates & Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	Record Retention	<input type="checkbox"/> YES <input type="checkbox"/> NO
Discrimination	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cash Disbursements	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nepotism	<input type="checkbox"/> YES <input type="checkbox"/> NO	Program Income	<input type="checkbox"/> YES <input type="checkbox"/> NO
Conflict of Interest	<input type="checkbox"/> YES <input type="checkbox"/> NO	In-kind Calculation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Travel	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cost Allocation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Purchasing/Procurement	<input type="checkbox"/> YES <input type="checkbox"/> NO	Payroll Processing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Property and Equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO	Screening for Exclusion	<input type="checkbox"/> YES <input type="checkbox"/> NO
Segregation of Duties	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bank Reconciliation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Time and Effort Reporting	<input type="checkbox"/> YES <input type="checkbox"/> NO	Equal Employment Opportunity	<input type="checkbox"/> YES <input type="checkbox"/> NO

For each NO box checked, attach details or explanations.

20. Does your organization undergo any annual Federal or State compliance/monitoring related activities other than NCTCOG? NO YES Indicate the frequency of these activities:

21. Does your organization maintain an inventory of property purchased with federal funds?
 YES NO No property is purchased with federal funds

22. Do you certify that your organization is 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

I hereby certify that the information contained in this assessment is complete and accurate, and that we, as Subrecipient, accept responsibility for maintaining a financial management system to comply with the provisions of applicable federal act(s) and other related requirements for federal funds as well as pass-through entity requirements of NCTCOG.

Name

Title

Date

Phone Number

Signature



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Glossary

Cognizant Federal Agency -- The Federal agency which, on behalf of all Federal agencies, is responsible for: reviewing, negotiating, and approving cost allocation plans, indirect cost rate and similar rates; monitoring non-Federal audit reports; conducting Federal audits as necessary; and resolving cross-cutting audit findings. The cognizant agency under the applicable cost principles and under OMB Circular A-133 may be different for a given recipient.

Cost Allocation Plan -- A plan for allocating and accounting for expenses which includes explanations of how costs are allocated and the basis for allocation to various funding sources.

Negotiated Indirect Cost Rate -- An indirect cost rate is the reimbursement rate(s) negotiated between the federal government and a grantee organization which reflects the indirect costs (e.g.; facilities and administrative costs) and fringe benefit expenses incurred by the organization in the conduct of federal programs.

OMB A-133 -- Single Audit, also known as the OMB A-133 audit, is a rigorous, organization-wide audit or examination of an entity that expends \$750,000 or more of Federal funds, Federal grants, or Federal awards received for its operations. The Single Audit's objective is to provide assurance to the US federal government as to the management and use of such funds by recipients such as states, cities, universities, and non-profit organizations. The audit is typically performed by an independent certified public accountant and encompasses both financial and compliance components. The Single Audits must be submitted to the Federal Audit Clearinghouse along with a data collection form, Form SF-SAC.

SAM -- The System for Award Management (SAM) is an official website of the U.S. government. SAM is combining federal procurement systems and the Catalog of Federal Domestic Assistance into one new system. This consolidation is being done in phases. The overarching benefits of SAM include streamlined and integrated processes, elimination of data redundancies, and reduced costs while providing improved capability. The first phase of SAM includes the functionality from the following systems:

- Central Contractor Registry (CCR)
- Federal Agency Registration (Fedreg)
- Online Representations and Certifications Application
- Excluded Parties List System (EPLS)