EMPLOYMENT AND ECONOMIC DEVELOPMENT

Pre-Award Risk Assessment For Local Units of Government

INTRODUCTION

<u>Note:</u> The applicant/grantee needs to fill out <u>only</u> the questions designated at the beginning of each section, starting with the phrase, "Applicant/Grantee Answer Questions" written in italic, red font.

The field to enter your answer has instructions written in dark blue font. A gray background will show when you hover over it.

APPLICANT/GRANTEE INFORMATION

Applicant/Grantee Answer Questions 1-4

- 1. Organization Name and Address: _____
- 2. SWIFT Vendor ID:
- 3. Does your organization receive managerial or financial assistance from any other organizations?

Yes No

- a. If yes, provide details:
- 4. Does your organization have written accounting policies and procedures? (If yes, please attach a copy of the policy.)
 - a. Accounting () Yes ()No
 - b. Purchasing ()Yes ()No
 - c. Payroll OYes ONO
 - d. Conflict of Interest () Yes () No
 - e. Cash Management () Yes () No

GENERAL ASSESSMENT

Applicant/Grantee Answer Questions 1-3

1. Within the last three years, has your organization operated or managed state and/or federal funds?

Yes () No

Comments:

2. Within the last year, has there been high staff turnover or reorganization that has affected your

DEED grants/loans? Yes (

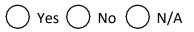
If yes, please explain.

3. Do any of the staff assigned to DEED projects have less than two years of experience with these grants? Yes ()No

If yes, please list the DEED programs and provide any comments:

Internal Use Only – DEED Answer Questions 4-6

- 4. If the applicant has a history with DEED, has the applicant been timely in the submission of the following:
 - a. Contract Documents: Ves O No
 - b. Amendments/Modifications: O Yes O No N/A
 - () Yes () No () N/A c. Budget Revisions (outside amendments/modifications):
 - d. Fiscal reporting, e.g., CAPRs, invoices, other program fiscal reporting requirements (if applicable):) Yes() No
 - e. Payment Reimbursement Requests: ()Yes() No
 - f. Progress reports: () Yes() No
 - Responses to correspondence or requests for information: () Yes () No () N/A g.
- Has the applicant been untimely in responding to program/fiscal questions when being monitored? 5.



Comments:

6. Has DEED or any other state agency, auditors, or staff employed by the organization alerted us of previous problems with this organization? (Check the MN Transparency website to see if there is a history of funding from the State.) Request information from other agencies.

Yes ()No()N/A

Comments:

Make sure to check DEED grant closeout evaluations for previous results from DEED grants. Reach out to assigned DEED program staff with any questions.

ACCOUNTING SYSTEMS ASSESSMENT

Applicant/Grantee Answer Questions 1-3

1. Which of the following best describes your organization's accounting system?

Manual Automated Combination

2. Does your organization's accounting system identify the receipts and expenditures of DEED funds separately for each award?



3. Will your organization's accounting system provide for the recording of expenditures for each award by

the budget cost categories shown in the approved budget? \bigcirc Yes \bigcirc No

Internal Use Only – DEED Answer Questions 1-3

1. If DEED has an existing relationship with this applicant, have monitoring visits occurred in accordance with Office of Grants Management (OGM) policy (one monitoring visit before final payment on grants over \$50k; One each year on those grants over \$250k)?

No

)No ()N/A Yes(

Comments:

- 2. Were there finding/corrective actions in prior monitoring visits? () Yes()
 - a. If yes, what were the number an extent of finding/corrective actions in the prior visit?
- 3. If DEED has an existing relationship with this applicant, has financial reconciliation taken place in accordance with DEED and Office of Grants Management (OGM) policy 08-10?

N/A /es No)

ADDITIONAL COMMENTS

Applicant/Grantee State Additional Comments if Necessary

State any additional comments:

CERTIFICATION

Applicant/Grantee Fill Out Signature, Job Title, and Date

Job Title:

APPLICANT/GRANTEE (Signature of authorized staff person) The applicant/grantee certifies that the appropriate person(s) has provided information for this assessment on behalf of the applicant/grantee, and that, to the best of the applicant's/grantee's knowledge, this information is current and accurate. The applicant/grantee understands that if the applicant/grantee has any compliance issues; items of significant concern; performance issues; unemployment insurance back-taxes owed or associated penalties; interest, fees, outstanding debt, or disputed financial obligations to a local state, or federal government entity; or is not current on wage-detail reporting requirements the issues must be resolved prior to any grant award.

Signed:]	Date:

Internal Use Only - Department of Employment and Economic Development Authorized Representative

(Select one of the paragraphs below that best represents your review of the organization in this risk assessment.)

I completed the risk assessment on behalf of the Department of Employment and Economic Development and I certify that, to the best of my knowledge and based on the information provided by the applicant/grantee, the organization has no compliance issues; items of significant concern; performance issues; unemployment insurance back-taxes owed or associated penalties; interest, fees, outstanding debt, or disputed financial obligations to a local state, or federal government entity; and is current on wage-detail reporting requirements.

I completed the risk assessment on behalf of the Department of Employment and Economic Development and, in accordance with PPM 521, am bringing this risk assessment to the attention of my Division Director and DEED's Internal Auditor so they can further assess the situation and, where possible, help develop effective supports.

Signed:	Date:	
Job Title:		