**Applicant Pre-Award Risk Assessment**

To comply with [Minn. Statute 16B.981,](https://www.revisor.mn.gov/statutes/cite/16B.981) our agency must collect and analyze certain information before we can execute a grant contract agreement. Please answer the following questions and submit back to us with the required documentation.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject an organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

**Applicant Name:** *Click or tap here to enter text.*

**Contact Name:** *Click or tap here to enter text.*

1. **Describe your organization’s experience administering grants?**

*Click or tap here to enter text.*

1. **What is your organization’s history managing state or federal funds?**

*Click or tap here to enter text.*

1. **Has your organization been awarded funding from DEED in the past 5 years?** [ ]  Yes [ ]  No

**If yes, what DEED program(s) awarded the funding and what are the names of the projects?**

*Click or tap here to enter text.*

1. **Describe your organization’s current staffing and budget capacity related to administering state grant funds.**

*Click or tap here to enter text.*

1. [**Minn. Stat. § 16B.981 Subd. 2(6)**](https://www.revisor.mn.gov/statutes/cite/16B.981) **requires that no current principals of a grantee have been convicted of a felony financial crime in the last 10 years. A principal is defined as a public official, board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.**

**By signing here, I warrant that no current principal of my organization has been convicted of a felony financial crime in the last 10 years.**

**Attach an organizational chart or list of principals that you are certifying below.**

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject me/my organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

I certify that this information is true, correct, and reliable.

**Printed name:** *Click or tap here to enter text.*

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title and Organization:** *Click or tap here to enter text.*

**Date:** *Click or tap here to enter text.*