

## Instructions for Suppliers

Submitting this form authorizes King County to deposit electronic payments directly into your bank account.

Suppliers must sign and complete sections 1-3.

Forms are typically processed in 10 business days after receipt by King County FBOD.

Incorrect / incomplete forms will be destroyed, unprocessed, in a secure manner. The submitting King County agency will be notified.

**PLEASE PRINT CLEARLY.**

**Return this form** to your designated King County agency contact.

**U.S. CHECKS**

PAY TO THE ORDER OF _____	DATE 1001
\$ <input type="text"/> DOLLARS <input checked="" type="checkbox"/>	
YOUR FINANCIAL INSTITUTION BANK NAME, ADDRESS, BANK CITY, STATE, ZIP BANK PHONE	
FOR <b>123456789</b>	<b>0123456789012</b> 1001
BANK ROUTING NUMBER	BANK ACCOUNT NUMBER

Where are my routing and account numbers? ►

## Instructions for King County Agencies

King County agencies must sign and complete section 4 after verifying supplier information (including all new and updated ACH sites).

Incomplete forms will not be processed, and will be destroyed in a secure manner.

\* For suppliers with multiple ACH sites or bank accounts associated with their record, the **supplier site** is used to differentiate which site will be added or updated. Only sites based on the standard naming convention will be set up.

Submit this form to:

[procurement.web@kingcounty.gov](mailto:procurement.web@kingcounty.gov)  
CNK-ES-0340  
(206) 296-7676 - fax

# Automated Clearing House (ACH) Authorization Agreement

## 1 | Supplier's Remit To Information

Is this a new ACH authorization, or are you updating your current bank information?

NEW - I've never been paid via ACH by King County

UPDATE - I'm updating my existing ACH banking information

payee name (must match King County Substitute W9)

federal tax ID number (or SSN)

chain organization or DBA (if applicable)

street address / PO

suite / apartment

city

state

ZIP

email (remittance advice / notifications)

## 2 | Depository Institution Information

name on bank account (if different than above)

depository institution

<input type="text"/>					
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bank routing number

checking

savings

bank account number

account type

## 3 | Supplier Authorization Acknowledgment

I, the undersigned Supplier, hereby authorize King County (hereinafter referred to as the County) to make payment for goods and services covered by an agreement by using, at the County's option, Automated Clearing House (ACH). I agree to provide the County with written notification of any change in my depository institution, payment instructions, or remittance data instructions by submitting this form with revisions at least ten (10) business days (2 calendar weeks) in advance of changes. In the event of duplicate or fraudulent payment, overpayment, or any payment made in error, I agree to return payment to the County upon discovery or after the County provides sufficient information to support its claim. I accept that payment made to an incorrect account as listed above are timely and complete for any invoiced goods and services.

name and title

X

supplier signature

date

## 4 | FOR KING COUNTY USE ONLY

I, the undersigned King County employee, do attest that I have completed [ACH verification training](#) and personally called the supplier to verify the supplier's banking information and tax ID.

X

signature of king county employee

date verified

king county employee (print name)

agency

yes     no    I attest, I personally called to verify the supplier's banking info and tax

representative's name I spoke with

phone number I dialed

supplier number

site\*



Department of Executive Services  
Finance & Business Operations Division  
(206) 263-9400

## Grant Recipient Agreement – Exhibit 4

### CIVIL RIGHTS CERTIFICATION FORM

The funds provided to the grantee named below (hereinafter referred to as the “Grantee”) are available under section 603 of the Social Security Act, as added by section 9901 of the American Rescue Plan Act.

Grantee understands and acknowledges that:

As a condition of receipt of federal financial assistance from the Department of the Treasury, with monies distributed through King County, Grantee provides the assurances stated herein. The federal financial assistance may include federal grants, loans and contracts to provide assistance to Grantee, the use or rent of Federal land or property at below market value, Federal training, a loan of Federal personnel, subsidies, and other arrangements with the intention of providing assistance. Federal financial assistance does not encompass contracts of guarantee or insurance, regulated programs, licenses, procurement contracts by the Federal government at market value, or programs that provide direct benefits.

The Civil Rights Restoration Act of 1987 provides that the provisions of the assurances apply to all of the operations of Grantee’s program(s) and activity(ies), so long as any portion of Grantee’s program(s) or activity(ies) is federally assisted in the manner prescribed above

Grantee certifies the following:

1. Grantee ensures its current and future compliance with Title VI of the Civil Rights Act of 1964, as amended, which prohibits exclusion from participation, denial of the benefits of, or subjection to discrimination under programs and activities receiving federal financial assistance, of any person in the United States on the ground of race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by the Department of the Treasury Title VI regulations at 31 CFR Part 22 and other pertinent executive orders such as Executive Order 13166, directives, circulars, policies, memoranda, and/or guidance documents.
2. Grantee acknowledges that Executive Order 13166, “Improving Access to Services for Persons with Limited English Proficiency,” seeks to improve access to federally assisted programs and activities for individuals who, because of national origin, have Limited English proficiency (LEP). Grantee understands that denying a person access to its programs, services, and activities because of LEP is a form of national origin discrimination prohibited under Title VI of the Civil Rights Act of 1964 and the Department of the Treasury’s implementing regulations. Accordingly, Grantee shall initiate reasonable steps, or comply with the Department of the Treasury’s directives, to ensure that LEP persons have meaningful access to its programs, services, and activities. Grantee understands and agrees that meaningful access may entail providing language assistance services, including oral interpretation and written translation where necessary, to ensure effective communication in Grantee’s programs, services, and activities.
3. Grantee agrees to consider the need for language services for LEP persons when Grantee develops applicable budgets and conducts programs, services, and activities. As a resource, the Department of the Treasury has published its LEP guidance at 70 FR 6067. For more information on taking reasonable steps to provide meaningful access for LEP persons, please visit <http://www.lep.gov>.
4. Grantee acknowledges and agrees that compliance with the assurances constitutes a condition of continued receipt of federal financial assistance and is binding upon Grantee and its successors, transferees, and assignees for the period in which such assistance is provided.
5. Grantee shall comply with Title VI of the Civil Rights Act of 1964, which prohibits Grantees of federal financial assistance from excluding from a program or activity, denying benefits of, or otherwise discriminating against a person on the basis of race, color, or national origin (42 U.S.C. § 2000d et seq.), as

implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, which are herein incorporated by reference and made a part of this contract (or agreement). Title VI also includes protection to persons with "Limited English Proficiency" in any program or activity receiving federal financial assistance, 42 U.S.C. § 2000d et seq., as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, and herein incorporated by reference and made a part of this contract or agreement.

6. Grantee understands and agrees that if any real property or structure is provided or improved with the aid of federal financial assistance by the Department of the Treasury, this assurance obligates Grantee, or in the case of a subsequent transfer, the transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is provided, this assurance obligates the Contractor for the period during which it retains ownership or possession of the property.
7. Grantee shall cooperate in any enforcement or compliance review activities by the Department of the Treasury of the aforementioned obligations. Enforcement may include investigation, arbitration, mediation, litigation, and monitoring of any settlement agreements that may result from these actions. Grantee shall comply with information requests, on-site compliance reviews and reporting requirements.
8. Grantee shall maintain a complaint log and inform the Department of the Treasury of any complaints of discrimination on the grounds of race, color, or national origin, and limited English proficiency covered by Title VI of the Civil Rights Act of 1964 and implementing regulations and provide, upon request, a list of all such reviews or proceedings based on the complaint, pending or completed, including outcome. Grantee also must inform the Department of the Treasury if Contractor has received no complaints under Title VI.
9. Grantee must provide documentation of an administrative agency's or court's findings of non-compliance of Title VI and efforts to address the non-compliance, including any voluntary compliance or other agreements between the Contractor and the administrative agency that made the finding. If Grantee settles a case or matter alleging such discrimination, Grantee must provide documentation of the settlement. If Grantee has not been the subject of any court or administrative agency finding of discrimination, please so state.
10. The United States of America has the right to seek judicial enforcement of the terms of this assurances document and nothing in this document alters or limits the federal enforcement measures that the United States may take in order to address violations of this document or applicable federal law.

I hereby certify that I have read and understood the obligations described above, that Grantee is in compliance with the above-described nondiscrimination requirements, and by my signature on this document, acknowledge my understanding that any intentional or negligent misrepresentation or falsification of any information submitted in conjunction with this document could subject me to punishment under federal, civil liability and/or in criminal penalties, including but not limited to fine or imprisonment or both under Title 18, United States Code, Sec. 1001, et seq. and punishment under federal law.

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Printed Name

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Signature

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Title

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Date

Coronavirus Local Fiscal Recovery (CLFR)  
Data Collection Form

*King County, as a recipient of federal funding, is required to collect and report on each any first tier subawards equal to or greater than \$50,000.00. King County is required to input this information to US Treasury Portal. The sub-award information report to Treasury will then be displayed on www.USASpending.gov associated with the prime award furthering federal spending transparency.*

*Please submit the completed form to [EMAIL].*

**Name of entity:** Click or tap here to enter text.

**Location of entity:** Click or tap here to enter text.

**Congressional District of entity location:** Click or tap here to enter text.

**Unique identifier (DUNS #):** Click or tap here to enter text.

**CCR/Cage Code #:** Click or tap here to enter text.

**Award title describing the purpose:** Click or tap here to enter text.

**Amount of award:** Click or tap here to enter text.

**Funding Agency:** Click or tap here to enter text.

**CFDA #:** Click or tap here to enter text.

*King County must report executive compensation for the five highest compensated officers of the grant subrecipient if:*

- *the subrecipient entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards, and*
- *the public does not already have access to data on executive compensation through reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934, or section 6104 of the Internal Revenue Code of 1986.*

**Entities with the gross income from all sources reported in the last tax return under \$300,000 are not subject to this reporting requirement.**

*Check the box if the organization is exempt from reporting executive compensation based upon the criteria listed above:*

**The organization is exempt from reporting executive compensation.**

*If the box is left unchecked, provide the names and total compensation of the five highest compensated officers of the entity:*

Coronavirus Local Fiscal Recovery (CLFR)  
Data Collection Form

	NAME	COMPENSATION
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Completed by:

**Signature:**

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

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

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

REFERENCE

**Grant Recipient Agreement – Exhibit 3**  
**COST CERTIFICATION**

I certify that:

1. I have authority and approval from the governing body on behalf of \_\_\_\_\_ ("Grantee") to accept proceeds from King County (the "County") per the Agreement by and between the County and Grantee from the County's allocation of the Coronavirus Local Fiscal Recovery Fund ("CLFR") as created by the American Rescue Plan Act of 2021, Section 9901 ("ARPA") for eligible expenditures included on the corresponding invoice voucher for report period March 3, 2021 through December 31, 2024.
2. I understand that as additional federal guidance becomes available, an amendment to the Contract between the County and Grantee may become necessary and agree to execute necessary amendments.
3. I understand the County will rely on this certification as a material representation in processing reimbursements or payment requests.
4. I understand the Grantee receiving funds pursuant to this certification shall retain documentation of all uses of the funds, including but not limited to invoices and/or sales receipts in a manner consistent with §200.333 Retention requirements for records of 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Such documentation shall be produced to the County upon request and may be subject to audit by the State Auditor.
5. **I understand any funds provided pursuant to this certification cannot be used for expenditures for which Grantee has received any other funding whether state, federal or private in nature, for that same expense.**

I hereby certify that I have read the above certification, and that the information and my statements provided herein by me are true and correct to the best of my knowledge, and by my signature on this document, acknowledge my understanding that any intentional or negligent misrepresentation or falsification of any of the information in this document could subject me to punishment under federal and/or civil liability and/or in criminal penalties, including but not limited to fine or imprisonment or both under Title 18, United States Code, Sec. 1001, et seq. and punishment under federal law.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Grant Recipient Agreement – Exhibit 5**  
**LOBBYING CERTIFICATION FORM**

The undersigned certifies, to the best of the undersigned's knowledge and belief, that:

- (1)** No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2)** If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions, as attached.
- (3)** The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**I hereby certify that I have read the above certification, and that the information and my statements provided herein by me are true and correct to the best of my knowledge, and by my signature on this document, acknowledge my understanding that any intentional or negligent misrepresentation or falsification of any of the information in this document could subject me to punishment under federal and/or civil liability and/or in criminal penalties, including but not limited to fine or imprisonment or both under Title 18, United States Code, Sec. 1001, et seq. and punishment under federal law.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Pt. 21, App. B

31 CFR Subtitle A (7-1-06 Edition)

APPENDIX B TO PART 21—DISCLOSURE FORM TO REPORT LOBBYING

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

<p><b>1. Type of Federal Action:</b></p> <p><input type="checkbox"/> a. contract  <input type="checkbox"/> b. grant  <input type="checkbox"/> c. cooperative agreement  <input type="checkbox"/> d. loan  <input type="checkbox"/> e. loan guarantee  <input type="checkbox"/> f. loan insurance</p>			<p><b>2. Status of Federal Action:</b></p> <p><input type="checkbox"/> a. bid/offer/application  <input type="checkbox"/> b. initial award  <input type="checkbox"/> c. post-award</p>			<p><b>3. Report Type:</b></p> <p><input type="checkbox"/> a. initial filing  <input type="checkbox"/> b. material change</p> <p><b>For Material Change Only:</b>  year _____ quarter _____  date of last report _____</p>		
<p><b>4. Name and Address of Reporting Entity:</b>  <input type="checkbox"/> Prime      <input type="checkbox"/> Subawardee  Tier _____, if known:</p>			<p><b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b></p>					
<p><b>Congressional District, if known:</b></p>			<p><b>Congressional District, if known:</b></p>					
<p><b>6. Federal Department/Agency:</b></p>			<p><b>7. Federal Program Name/Description:</b></p>					
<p><b>8. Federal Action Number, if known:</b></p>			<p><b>9. Award Amount, if known:</b>  \$ _____</p>					
<p><b>10. a. Name and Address of Lobbying Entity</b>  <i>(if individual, last name, first name, MI):</i></p>			<p><b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i>  <i>(last name, first name, MI):</i></p>					
<small>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</small>								
<p><b>11. Amount of Payment</b> <i>(check all that apply):</i>  \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>			<p><b>13. Type of Payment</b> <i>(check all that apply):</i></p> <p><input type="checkbox"/> a. retainer  <input type="checkbox"/> b. one-time fee  <input type="checkbox"/> c. commission  <input type="checkbox"/> d. contingent fee  <input type="checkbox"/> e. deferred  <input type="checkbox"/> f. other; specify: _____</p>					
<p><b>12. Form of Payment</b> <i>(check all that apply):</i></p> <p><input type="checkbox"/> a. cash  <input type="checkbox"/> b. in-kind; specify: nature _____ value _____</p>								
<p><b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b></p>								
<small>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</small>								
<p><b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p><b>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. The information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b></p>								
<p><b>Federal Use Only:</b></p>					<p>Signature: _____  Print Name: _____  Title: _____  Telephone No.: _____ Date: _____</p>			
					<p>Authorized for Local Reproduction  Standard Form - LLL</p>			

**INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Authorized for Local Reproduction  
Standard Form - LLL-A



KING COUNTY  
SUBSTITUTE W-9

Request for Taxpayer Identification number and  
Certification

Give form to King County.  
Do not send to IRS.

Name (as shown on Invoice)

**Business Type**

- Association       C-Corporation       S-Corporation       Disregarded Entity  
 Division       Government       Individual  
 Limited Liability Company: Enter tax classification (C=C-Corporation, S=S-Corporation, P=Partnership) ► \_\_\_\_\_  
 Non Profit       Partnership       Sole Proprietor       Trust/Estate

**Business Registration Information**

Enter where you are registered to do business and the corresponding State Registration Number

State: \_\_\_\_\_ Registration Number: \_\_\_\_\_

**Purchasing Location Information**

Physical Address

City , State, and Zip

**Remittance Information**

Remit Address (if different than above)

City , State, and Zip

**Tax Reporting Name and Tax Identification Number or Social Security Number**

Enter your Tax reporting Name and address. The Tax Identification number provided must match the name given on the "Tax Reporting Name" line. For individuals, this is your social security number (SSN).

Tax Reporting Name

Tax Reporting Address

Tax Reporting City, State, and Zip

Tax Identification Number, Employer Identification Number or Social Security Number (enter numbers only):

--	--	--	--	--	--	--

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct tax reporting name and identification number.
2. I am a U.S. citizen, U.S. person or U.S. Business Entity.
3. I am not subject to backup withholding due to failure to report interest and dividend income.
4. I am exempt from FATCA reporting.

**Certification instructions.** If you are not a U.S. citizen, U.S. person or U.S. Business Entity, you must cross out item 2 above. You will need to provide a completed King County W9 form as well as a copy of your W-8.

Sign Here ► \_\_\_\_\_

Print Name of Signer

Date Signed



## King County Pre-Award Risk Questionnaire

In compliance with the Department of the Treasury (“federal grantor”), all subrecipients must complete this pre-award risk questionnaire before entering into a sub-agreement with the County. This questionnaire—combined with the County’s program staff assessment—will assist the County in determining any conditions/assistance to be included in your sub-agreement for work under this grant per 31 CFR 35. There are no predetermined answers that would automatically disqualify your organization from consideration for an award.

Organization Name: [REDACTED]

Type of Organization Requesting Funding: [REDACTED]

Organization Unique Entity Identifier (e.g., DUNS #): [REDACTED]	Organization Fiscal Year (Start & End Month): [REDACTED]	Date of Form Completion: [REDACTED]
---------------------------------------------------------------------	----------------------------------------------------------	----------------------------------------

Completed by:

Name & Title: [REDACTED]	Email Address: [REDACTED]	Phone #: [REDACTED]
-----------------------------	------------------------------	------------------------

### Performance History

- Has your organization received a prime recipient from an awarding agency in the past 5 years? If yes, please list the federal grantor agency name, time-period, award amount, audit findings (and corrective actions/completion date(s)), and grant number.  
[REDACTED]
- Has your organization received a federal award as a subrecipient from an awarding agency in the past 5 years? If yes, please list the grantor agency name, time-period, award amount, audit findings (and corrective actions/completion date(s)), and grant number. These funds could include any City of Seattle, King County or other federal award funds, including but not limited to COVID-19 relief funds, passed through to your organization from another organization.  
[REDACTED]

### Management Systems & Personnel

- In the past 5 years, has your organization managed grant funds, loans, or other types of financial assistance, including but not limited to COVID-19 relief funds, from any of the following entities?

Federal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State	<input type="checkbox"/> Yes	<input type="checkbox"/> No
King County	<input type="checkbox"/> Yes	<input type="checkbox"/> No
City of Seattle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- Does your organization have any new or substantially changed management systems (technological or other) in the past 12 months? If yes, please specify what has changed.

Yes       No

### New/Changed Systems:

- [REDACTED]
- [REDACTED]
- [REDACTED]

- Has your organization had changes to the following key staff or positions in the past 12 months? If yes, explain in the comments section.

Governing Body       Yes       No  
Executive Management       Yes       No

Financial Officer       Yes       No  
Risk Manager       Yes       No       N/A  
Other Relevant (fill in) \_\_\_\_\_

**4. Does your organization have capacity to manage and implement federal regulations, including 2 CFR 200 and specific federal funder regulations?**

Yes       No       No and Request Technical Assistance (Listed Below)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**5. Does your organization have current staff with experience in this type of program?**

Yes       No

If yes, how many? \_\_\_\_\_

If no, is there a staffing plan to hire? \_\_\_\_\_

**6. Does your organization have the following written standard operating procedures and policies following the most up to date generally accepted accounting principles:**

- separation of duties\*
- handling of cash
- contracting procedures
- personnel
- travel policies

Yes       No       Unsure  
 Yes       No       Unsure  
 Yes       No       Unsure  
 Yes       No       Unsure  
 Yes       No       Unsure

\*examples include: an up to date organization chart showing decision making responsibilities, delineations and separation of duties, charter or board of directors documentation, governing documents or bylaws, etc.

**Audit History**

**1. Has your organization had an audit or grantor monitoring visit in the last 24 months?**

Yes       No

If yes, what type of audit or visit? \_\_\_\_\_

(Please send reports with this form)

**2. Are there any unresolved audit or monitoring findings?**

Yes       No

If yes, what type of finding(s)? \_\_\_\_\_

**Financial Stability**

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

Manual       Automated       Combo

**2. Does your accounting system segregate expenditures by funding source?**

Yes       No

If yes, what type of system? \_\_\_\_\_

**3. Does your organization maintain central files for grants, loans, or other types of financial assistance?**

Yes       No

**Comments:** Please use this section to provide additional information on the foregoing questions. Be sure to clearly list section and number on which you are providing comment.