

## 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:

Type of Organization Requesting Funding:

Organization Unique Entity Identifier  
(e.g., DUNS #):

Organization Fiscal Year (Start & End Month):

Date of Form Completion:

Completed by:

Name & Title:

Email Address:

Phone #:

### Performance History

1. Has your organization received a federal award directly 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.

### Management Systems & Personnel

1. In the past 5 years, has your organization managed grant funds, loans, or other types of financial assistance 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
Private	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. 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:

1.

2.

3.

3. 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Executive Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Other Relevant (fill in)	<input type="text"/>	

**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. Is your organization's system of internal controls reasonable in accordance with the applicable cost principles (including the segregation of duties, handling of cash, contracting procedures, and personnel and travel policies)?**

☐ Yes      ☐ No      ☐ Unsure

#### Audit Reports and Findings

**1. Has your organization had an audit or 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 organization have an accounting system in place to 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.**