

## 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.

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the federal grantor agen	cy name, t					-	
nagement Systems & Pers	sonnel						
	our organ	ization ma	anaged grant fund	ds, loans, or	other types of fina	ncial assist	ance from any of
Federal	□Yes	□No					
State	□Yes	□No					
King County	□Yes	□No					
Private	□Yes	□No					
12 months? If yes, please ☐ Yes ☐ No  New/Changed Systems:  1. 2. 3.	e specify w	hat has c	hanged.				
	ganization Name:  pe of Organization Request ganization Unique Entity Ing., DUNS #):  mpleted by: me & Title:  formance History  Has your organization rethe federal grantor agendate(s)), and grant number an agement Systems & Perl In the past 5 years, has years the following entities? Federal State King County Private  Does your organization Inger and Ing	ganization Name:  De of Organization Requesting Fundition Ganization Unique Entity Identifier Gar, DUNS #):  Impleted by: Impleted by: Impleted Entity Identifier Gar, DUNS #):  Impleted by: Impleted B	ganization Name:  pe of Organization Requesting Funding:  ganization Unique Entity Identifier g., DUNS #):  mpleted by:  me & Title:  formance History  Has your organization received a federal aw the federal grantor agency name, time periodate(s)), and grant number.  In the past 5 years, has your organization methe following entities?  Federal   Yes   No    King County   Yes   No    King County   Yes   No    Private   Yes   No    Does your organization have any new or sult 12 months? If yes, please specify what has co   Yes   No    New/Changed Systems:  1. 2. 3.  Has your organization had changes to the forcomments section.  Governing Body  Executive Management  Financial Officer  Risk Manager	pee of Organization Requesting Funding:  ganization Unique Entity Identifier g., DUNS #):  mpleted by: me & Title:  Email Address:  rformance History  Has your organization received a federal award directly from the federal grantor agency name, time period, award amount date(s)), and grant number.  In the past 5 years, has your organization managed grant function the following entities?  Federal   Yes   No   State   Yes   No   King County   Yes   No   Private   Yes   No    Does your organization have any new or substantially change 12 months? If yes, please specify what has changed.    Yes   No    New/Changed Systems: 1. 2. 3.  Has your organization had changes to the following key staff comments section.  Governing Body   Yes   Executive Management   Yes   Financial Officer   Yes   Risk Manager   Yes	ganization Name:  De of Organization Requesting Funding:  ganization Unique Entity Identifier g., DUNS #):  Impleted by:  Impleted by:  Impleted Fittle:  Im	ganization Name:  per of Organization Requesting Funding:  ganization Unique Entity Identifier g, DUNS #):  mpleted by:  me & Title:  Email Address:  Frormance History  Has your organization received a federal award directly from an awarding agency in the past the federal grantor agency name, time period, award amount, audit findings (and corrective date(s)), and grant number.  Interpretation of the past 5 years, has your organization managed grant funds, loans, or other types of finating the following entities?  Federal   Yes   No   State   Yes   No   King County   Yes   No   Private   Yes   No   Does your organization have any new or substantially changed management systems (technology of the past 12 morths? If yes, please specify what has changed.    Yes   No   New/Changed Systems: 1. 2. 3.  Has your organization had changes to the following key staff or positions in the past 12 mor comments section.  Governing Body   Yes   No   Financial Officer   Yes   No   Risk Manager   Yes   No   N/A	ganization Name:  pe of Organization Requesting Funding:  ganization Unique Entity Identifier g, DUNS #):  mpleted by:  me & Title:  Email Address:  Phone #  formance History  Has your organization received a federal award directly from an awarding agency in the past 5 years? I the federal grantor agency name, time period, award amount, audit findings (and corrective actions/cd date(s)), and grant number.  In the past 5 years, has your organization managed grant funds, loans, or other types of financial assist the following entities? Federal   Yes   No   State   Yes   No   King County   Yes   No   Private   Yes   No    Does your organization have any new or substantially changed management systems (technological or 12 months? If yes, please specify what has changed.    Yes   No    New/Changed Systems:  1. 2. 3.  Has your organization had changes to the following key staff or positions in the past 12 months? If yes, comments section.  Governing Body   Yes   No   Financial Officer   Yes   No   Risk Manager   Yes   No   N/A

	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.
	Does your organization have current staff with experience in this type of program?  ☐ Yes ☐ No  If yes, how many?
	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
	lit Reports and Findings
	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)?
	ancial Stability
	Which of the following best describes your organization's accounting system?
	☐ Manual ☐ Automated ☐ Combo
	Does your organization have an accounting system in place to segregate expenditures by funding source?  ☐ Yes ☐ No
	□ Yes □ No
3.	☐ Yes ☐ No  If yes, what type of system?
3.	☐ Yes ☐ No  If yes, what type of system?  Does your organization maintain central files for grants, loans, or other types of financial assistance?  ☐ Yes ☐ No  nments: Please use this section to provide additional information on the foregoing questions. Be sure to clearly list
3.	☐ Yes ☐ No  If yes, what type of system?  Does your organization maintain central files for grants, loans, or other types of financial assistance?  ☐ Yes ☐ No
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