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| Executive Office of Public Safety and Security  Office of Grants and Research  **RISK ASSESSMENT** | | | | | | | | |
|  | | | **SECTION A: PURPOSE** | |  | | | |
| The programmatic and fiscal responsibility of grantees must be such that the grantee can properly discharge the public trust that accompanies the authority to expend public funds. Adequate accounting and program management systems should meet the following criteria.  (1) Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure  of funds for each grant.  (2) Entries in accounting records should refer to subsidiary records and/or documentation that support the entry and can be readily located.  (3) The accounting system should provide accurate and current financial reporting information.  (4) The accounting system should be integrated with an adequate system of internal programmatic controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.  (5) Certify that grantee and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a state or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency | | | | | | | | |
|  | | **SECTION B: ACCOUNTING SYSTEM** | | | |  | | |
| 1. Which of the following best describes the accounting system:  Manual  Automated  Combination | | | | | | | |  |
| 2. Does the accounting system identify the receipt and expenditure of program funds separately for each grant/contract?  Yes  No | | | | | | | | |
| 3. Does the accounting system provide for the recording of expenditures for each grant/contract by  Yes  No  the budget cost categories shown in the approved budget? | | | | | | | | |
| 4. Are time distribution records maintained for an employee when his/her effort can be  Yes  No identified to a particular cost objective? | | | | | | | | |
| 5. Does the accounting/financial system include budgetary controls to preclude incurring obligations in excess of:  a. Total funds available for a grant?  Yes  No  b. Total funds available for a budget cost category (e.g. Personnel, Travel, etc.)?  Yes  No | | | | | | | | |
| 6. If Federal grant funds are commingled with organization funds, can the Federal funds and related  Costs are readily identified?  Yes  No | | | | | | | | |
|  | **SECTION C: PROGRAM MANAGEMENT** | | | | | |  | |
| |  | | --- | | 1. Is the organization new to managing federal grant funds or has the organization had recent staff turnover that   significantly reduces its institutional capacity to effectively manage federal funds?  Yes  No  If yes, please explain: (attach a separate sheet if necessary)   | | 2. If the organization has recently (past 5 years) or currently receives federal grant funding, has the organization been out-of-compliance with reporting or other requirements? If yes, please explain:  Yes  No | | | | | | | | | |
|  | **SECTION D: For Internal Use Only** | | | | | |  | |
| |  | | --- | | 1. Does the organization/entity receiving this award have an acceptable track record of managing funds provided by EOPSS? Briefly explain.    Yes  No     | | 2. Is the proposed program very complex, is the award above $1million, and/or is the proposed grant-funded activity such that additional risk can be presumed? If yes, please explain.  Yes  No | | 3. Is the organization or any of its principals presently debarred, suspended, or voluntarily excluded from covered transactions by any Federal, State or local department or agency for non-responsible behavior (i.e. fraud, embezzlement, tax evasion, violation of antitrust statutes)?  If yes, please explain.  Yes  No | |  | | | | | | | | | |
|  | **SECTION E: APPLICANT CERTIFICATION** | | | | | |  | | |
| I certify that the above information is complete and correct to the best of my knowledge. | | | | | | | | | |
| 1. Signature | | | | b. Organization Name, Address, and Telephone Number | | | | | |
| a. Title | | | |