

Department of Public Health - Risk Questionnaire

Risk Questionnaire	
<p>Instructions: Prior to making an award, the Department of Public Health evaluates the degree of oversight required by the County.</p> <p>In filling out the Risk Questionnaire, each question should be answered as completely as possible, using extra pages if necessary.</p>	
General Information	
Legal Name of Organization	
Please identify the type of organization you are (non-profit, for-profit, educational institution, government, other)?	
Is your organization incorporated or legally registered?	
If yes, which State is your organization incorporated or registered in?	
Is your organization currently registered under SAM.gov? If yes, please attach screenshot of active account. (SAM.gov registration may be required depending on grant funding source; if required, selected organization will need to comply with registration)	
Operational Risk	
Does your organization have a President/Director/Chief Executive Officer and Chief Financial Officer?	
List the number of employees within your organization.	
Has your organization run a publicly funded program before? If so, how many years of experience?	
How many programs does your organization currently operate with funding from public agencies?	
Does your organization have written human resources (HR) policies and procedures?	
Does your organization have written procurement procedures?	
Does your organization have written project management policies or procedures?	
Financial Risk	
Does your organization have written accounting policies and procedures?	
Can your accounting records separate the receipts and payments of this proposed program with any receipts and payments of other activities by your organization?	
Can your accounting records summarize expenditures according to different budget categories such as salaries, rent, supplies and equipment?	
How many years of experience does your accounting staff have managing accounting records?	
Do you use timesheets to track the time staff spend working on specific activities/projects?	
Does your organization have a bank account registered in its name and that is capable of segregating program funds from other funds?	
What is the approximate dollar amount of all grants your organization receives?	

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Compliance Risk	
Does your organization have regular independent audits that you contract and pay for?	
If yes, who performs the audit?	
What was the date of the most recent audit and what was the result?	Date:
	Result:

Certification: This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete, and current.	
Signature: (Authorized Agent)	Date:
Print Name and title:	Phone Number/Email: