**South Dakota Bureau of Finance and Management**

**Pre-Award Risk Assessment Questionnaire**

**Entity Information**

1. Entity Name:

DUNS:

Find your DUNS number at: <https://www.dnb.com/duns-number/lookup.html>. Ensure your registration in sam.gov is up-to-date and active. This can be located at <https://sam.gov/SAM/pages/public/searchRecords/search.jsf>. You will not be eligible for reimbursement until registration in sam.gov is active.

1. Has your entity previously received grant funding from the State?

Yes No

1. Does your entity have a policy regarding conflict of interest?

Yes No

* 1. If yes, has any conflict of interest been disclosed between your entity and the Bureau of Finance and Management?

Yes No

**Accounting System & Financial Information**

1. Does the grant administrator or financial staff who will oversee this grant have more than three years of prior federal grant award experience?

Yes No

1. Do you anticipate using contracted services to assist with the management of the Coronavirus Relief Funds?

Yes No

1. Does your entity have written policies and procedures for the following business processes that meet the minimum federal requirements?

a. Grant Compliance

Yes No

* 1. Procurement

Yes No Not Applicable

* 1. Fixed Assets & Inventory

Yes No Not Applicable

1. What was the total revenue for your entity in the most recent fiscal year?

1. Which of the following best describes your entity’s accounting system?

Manual Automated Combination

1. Does the accounting system identify the deposits and expenditures of program funds for each grant separately?

Yes No

1. What was your entities annual payroll paid for the past fiscal year?

1. Does your payroll system track different fund sources or job assignments? Yes No

1. Did an independent certified public accountant audit your organization’s financial statements in the last three years?

Yes No

* 1. If yes, for what years?

1. Did your entity receive over $750,000 in federal funds from all sources last year?

Yes No

* 1. If yes, was a single audit conducted on the entity per 2 CFR 200.501?

Yes No

* 1. If (a) is yes, were there any audit findings regarding program non-compliance and/or internal control deficiency?

Yes No

* 1. If (b) is yes, are there currently any unresolved audit issues?

Yes No

Completed by:            

Name Title Date