

MARYLAND ELEVATES PRE-AWARD RISK ASSESSMENT

Name of Organization:	
Name & Title of Contact:	
Contact Email:	
Contact Phone:	
Name of Proposed Project:	
Amount of Funding Requested:	

Note: All questions apply to applicant organization, and not to any individual associated with the proposed project.

Questionnaire	Yes	No	N/A
1) Applicant's Prior Experience			
a. Does the applicant have prior federal grant management experience, including as a direct or sub-recipient of federal funds?			
b. Does the applicant have prior experience as a recipient of federal Individuals with Disabilities Education Act (IDEA) funds?			
2) Applicant Background			
a. Does the applicant have working capital to cover expenses for a minimum of three months prior to being reimbursed by MSDE?			
b. Does the applicant have an established (greater than three years) financial management system in place?			
c. Does the applicant have accounting systems that can separately track all grant expenditures by funding source?			
d. Does the applicant have written procurement and accounting procedures in place?			
e. Does the applicant have an inventory/equipment system in place?			
f. Does the applicant have a timekeeping policy that ensures proper allocation and documentation of personnel expenses charged to federal awards?			
g. Does the applicant have a written records retention policy?			
h. Can the applicant effectively implement statutory, regulatory, and other requirements imposed on them for this award?			
i. Does the applicant have a system in place to ensure that the grant objectives are being met?			
j. Does the applicant know what data they will need to measure their progress in meeting performance measures?			

k. Entities expending federal funds of \$1,000,000 or more in a single fiscal year must have an annual audit (2 CFR 200.501). If the applicant must meet this requirement, <i>and</i> the audit report has findings, please describe below, or attach the report. Otherwise, please check N/A.			
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Audit findings, if applicable: