County of Riverside Emergency Management Department

FY 2023 Subrecipient Grants Management Assessment

Subrecipient:	UEI #:
Grant Program Title:	
Performance Period: to	Subaward Amount Requested:

Per Title 2 CFR § 200.332, it is required to evaluate the risk of noncompliance with federal statutes, regulations and grant terms and conditions posed by each subrecipient of pass- through funding. This assessment is made to determine and provide an appropriate level of technical assistance, training, and grant oversight to subrecipients for the award referenced above. For the purposes of completing this questionnaire, "grant manager" is the individual who has primary responsibility for day-to-day administration of the grant, "bookkeeper/accounting staff" means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and "organization" refers to the subrecipient applying for the award, and/or the governmental implementing agency, as applicable.

The following are questions related to your organization's experience in the management of federal grant awards. This questionnaire must be completed and returned with your grant application materials.

1. How many years of experience does your current grant manager have managing grants?	
2. How many years of experience does your current bookkeeper/accounting staff have managing grants?	
3. Are individual staff members assigned to work on multiple grants?	
4. Do you use timesheets to track the time staff spend working on specific activities/projects?	
5. Does your organization utilize cost tracking methods that distinguishes grant expenditures separately from general fund expenditures?	
6. How often does your organization have a financial audit?	
7. Has your organization received any audit findings in the last three years?	
8. Do you have written procurement policies?	
9. Do you get multiple quotes or bids when buying items or services?	
10. How many years do you maintain receipts, deposits, cancelled checks, invoices?	
11. Has your organization received grant funding for this program in prior years? If yes, provide the following data for the most recent 3 funding years	

Grant Year:		Amount Awarded:		Amount Expended:	
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Grant Year:		Amount Awarded:		Amount Expended:	

Certification: This is to certify that, to the best of our knowledge and belief, the data furnished above is accurate, complete, and current.	
Authorized Agent Signature:	Date:
Print Name:	Title:
Grant Manager Signature:	Date:
Print Name:	Title: