

RISK ASSESSMENT QUESTIONNAIRE

The purpose of the risk assessment is to determine whether a potential grantee has sound financial management and if the agency uses accounting systems that are adequate to meet the State of Vermont administrative requirements. Please complete the following questionnaire and have it signed by the Executive Director or Fiscal Officer (as applicable) for your organization.

Name of Entity Completing Questionnaire: _____

Question	Yes	No	N/A
1. Does your agency maintain documentation to substantiate the value of in-kind contributions (match)?			
2. Does your agency use an electronic accounting software system (as opposed to manual)?			
3. Has your agency recently implemented any new or substantially changed systems, for example, financial management or accounting systems? (If yes, please explain by typing here or in attachment.)			
4. Does the accounting system track receipts and disbursements by funding source?			
5. Does your agency have written internal control policies including Accounting, Fraud, or Financial Reporting that contain separation of duties?			
6. Does your agency have a written Personnel policy (to include travel reimbursement, fringe benefits, etc.)?			
7. Does your agency have a Financial Director, Financial Manager, Treasurer or equivalent? (If no, please identify the name and position of the employee(s) who is responsible for supervising the quality of accounting and financial reporting of an organization.)			
8. Does your agency regularly monitor budgeted versus actual expenditures to ensure that cost categories aren't over-spent or under-spent?			
9. Does your agency have written procurement procedures indicating which individuals are authorized to initiate a purchase request, the flow of documents, and the requested levels of approval?			
10. Does the agency have a system to track staff time spent on various grants/projects, for those employees whose salaries are allocated to more than one contract/grant?			
11. Does your agency have a Policy and Procedures Manual that is made available and accessible to all employees?			
12. Has your agency executed any grants, contracts or MOU's with any other governmental or non-governmental agencies in the past three years?			

I hereby certify that to the best of my knowledge and belief, the information provided in response to the foregoing questions is true and accurate.

Chief Officer Signature

Chief Fiscal Officer Signature (if applicable)

Date

Date