**MARYLAND ELEVATES PRE-AWARD RISK ASSESSMENT**

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| **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.*

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| **Questionnaire** | **Yes** | **No** | **N/A** |
| 1. **Applicant’s Prior Experience** | | | |
| 1. Does the applicant have prior federal grant management experience, including as a direct or sub-recipient of federal funds? |  |  |  |
| 1. Does the applicant haver prior experience as a recipient of federal Individuals with Disabilities Education Act (IDEA) funds? |  |  |  |
| **2) Applicant Background** | | | |
| 1. Does the applicant have working capital to cover expenses for a minimum of three months prior to being reimbursed by MSDE? |  |  |  |
| 1. Does the applicant have an established (greater than three years) financial management system in place? |  |  |  |
| 1. Does the applicant have accounting systems that can separately track all grant expenditures by funding source? |  |  |  |
| 1. Does the applicant have written procurement and accounting procedures in place? |  |  |  |
| 1. Does the applicant have an inventory/equipment system in place? |  |  |  |
| 1. Does the applicant have a timekeeping policy that ensures proper allocation and documentation of personnel expenses charged to federal awards? |  |  |  |
| 1. Does the applicant have a written records retention policy? |  |  |  |
| 1. Can the applicant effectively implement statutory, regulatory, and other requirements imposed on them for this award? |  |  |  |
| 1. Does the applicant have a system in place to ensure that the grant objectives are being met? |  |  |  |
| 1. Does the applicant know what data they will need to measure their progress in meeting performance measures? |  |  |  |
| 1. Entities expending federal funds of $1,000,000 or more in a single fiscal year must have an annual audit ([2 CFR 200.501](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-F/subject-group-ECFRfd0932e473d10ba/section-200.501)). If the applicant must meet this requirement, *and* the audit report has findings, please describe below, or attach the report. Otherwise, please check N/A. |  |  |  |
| Audit findings, if applicable: | | | |