**American Rescue Plan Act (ARPA)**

**Grant Pre-Award Assessment Survey**

**Applicant Information and Pre-Award Assessment**

Applicant/Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Federal Employer Identification Number (FEIN): Click or tap here to enter text.

Unique Entity Identifier (UEI) (if applicable): Click or tap here to enter text.

**Type & Purpose of Organization**

Non-Profit [ ]  State Government [ ]

Purpose of Organization:Click or tap here to enter text.

**Management Systems**

1. Has your organization/entity had changes to key staff or positions in the past 12 months?

Executive Management Yes [ ]  No [ ]  Program/Operations Yes [ ]  No [ ]

Financial Yes [ ]  No [ ]  Other Yes [ ]  No [ ]

If yes, please explain: Click or tap here to enter text.

1. Does your organization/entity have experience managing contracts, grant funds, loans, or other types of financial assistance?

Federal Yes [ ]  No [ ]

State Yes [ ]  No [ ]

Local/Foundation Yes [ ]  No [ ]

Other Yes [ ]  No [ ]

**Audit Reports & Findings**

1. Did your organization/entity expend $750,000 or more in federal grant funds in the past 24 months?

Yes [ ]  No [ ]

1. Does your organization/entity anticipate expending $750,000 or more in federal grant funds in the next 12 months? Yes [ ]  No [ ]
2. Has your organization/entity had an audit in the last 24 months? Yes [ ]  No [ ]
	1. If yes, what type of audit? Click or tap here to enter text.
	2. Please list any audit findings received from an external entity within the last 24 months: Click or tap here to enter text.
3. Has your organization been monitored by a funding organization other than the Division of Workforce Solutions? (if applicable) in the last 24 months? Yes [ ]  No [ ]
	1. If yes, please list issues or findings identified during monitoring or reviews: Click or tap here to enter text.

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| --- |
| **PLEASE INCLUDE A COPY OF YOUR MOST RECENT AUDIT REPORT WITH YOUR PROPOSAL PACKAGE, IF AVAILABLE. IF AN AUDIT REPORT IS NOT AVAILABLE, PLEASE INSTEAD INCLUDE YOUR MOST RECENT FINANCIAL STATEMENT.** |

**Accounting System & Financial Stability**

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

Manual [ ]  Automated [ ]  Combination [ ]

1. Does your organization’s/entity’s accounting system identify the receipt and expenditure of funds separately for each contract or grant? Yes [ ]  No [ ]
2. Does your organization’s/entity’s accounting system provide for the recording of expenditures for each contract or grant by the component project and budget cost categories shown in approved budgets?

Yes [ ]  No [ ]

1. Does your organization/entity maintain a central filing system for grants, loans, or other types of financial assistance? Yes [ ]  No [ ]
2. Does the accounting system provide for the segregation of direct and indirect expenses?
Yes [ ]  No [ ]
3. Does the organization/entity have an approved indirect cost rate or cost allocation plan? Yes [ ]  No [ ]
	1. If yes, what is the rate and who approved it? (Federal Cognizant Agency or Pass-through Entity?) Click or tap here to enter text.
	2. What are the effective dates? Click or tap here to enter text.
4. Does your organization’s/entity’s accounting system include budgetary controls to preclude incurring obligations in excess of:
	1. Total funds available for the contract or grant? Yes [ ]  No [ ]
	2. Total funds available for a budget cost category? Yes [ ]  No [ ]
5. Does your organization/entity have an internal control structure that would provide reasonable assurance that the contract or grant funds, assets, and systems are safeguarded? Yes [ ]  No [ ]
6. Does your organization/entity have a system for tracking employee time and effort distributions specifically by cost objective/activity? Yes [ ]  No [ ]
7. Is there any legal matter or an ongoing financial concern that may impact your organization’s /entity’s ability to manage and administer the contract? Yes [ ]  No [ ]
	1. If yes, please explain: Click or tap here to enter text.

**Performance History**

1. Has your organization/entity been awarded other contracts, grants, loans, or other types of financial assistance in the past 12 months? Yes [ ]  No [ ]

If yes, from what entity(s) did you receive the funding, how much was the grant, and what services did you implement as a result of the awarded funds?

|  |  |  |
| --- | --- | --- |
| **Awarding Entity** | **Amount** | **Services Funded** |
|  |  |  |
|  |  |  |
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1. Were you successful in achieving the performance targets associated with these funding opportunities? Please select from the following:

Failed to meet performance targets [ ]

Partial success meeting performance targets [ ]

Met all performance targets [ ]

Exceeded one or more performance targets [ ]

Comments: Click or tap here to enter text.