

State of Vermont Department of Forests, Parks & Recreation

Agency of Natural Resources

1 National Life Drive, Davis 2 Montpelier, VT 05620-3801 www.fpr.vermont.gov

[phone] 802-828-1531 [fax] 802-828-1250

FEDERALLY FUNDED RISK ASSESSMENT QUESTIONNAIRE

This Risk Assessment Questionnaire (RAQ) should be filled out by your organization's Executive Director, Financial Director, or equivalent signatory and submitted to the Department of Forests, Parks and Recreation.

Your answers to these questions will help determine the level of risk in awarding a grant to your organization. You are not required to have all the components of this questionnaire.

Please select an answer for every question, unless prompted by the form to skip.

Name of Organization:

Question	Non- Profit	Public Agency	For-Profit
What type of entity is your organization? Please select one.			

Question				No
 Is your organization receiving a federally funded grant for the first time? If yes, check yes in the box to the right and move the question #3 by skipping the remaining questions in this box. 				
a. If no, did your organization adhere to all terms and conditions of its previous federally funded grants?				
i. If no to #2a, how significant were your organization's violations of previous awards?	Minor	Moderate	Sev	ere
Does your organization have prior experience administering similar projects?				
Does your organization have adequate and qualified staff to comply with the terms of the grant?				



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Question	No Changes	Significant Changes
5. How much of your organization's key staff has changed in the past year?		

Question	1	Yes	No
bo	6. Has your organization ever had a single audit? If no, check no in the box to the right and move to question #7 by skipping the remaining questions in this box.		
	a. If yes to #6, were any of the audit findings in your most recent single audit about program non-compliance?		
	b. If yes to #6, were any of the audit findings in your most recent single audit about significant internal control deficiency?		
pla no	pes your organization have a financial management system in ace that can track and record program expenditures? If no, check in the box to the right and move to question #8 by skipping the maining question in this box.		
	a. If yes, is the system able to identify the receipts and expenditures of program funds separately for each grant?		
gra	staff will be required to track their time associated with the ant, does your organization have a system in place that will count for 100% of each employee's time?		
	pes your organization have written procedures to implement federal yment requirements and determine cost allowability?		
<u>https://</u> D/sec	more information, see 2 CFR 200.302 and 2 CFR 200.305 at: //www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-tion-200.305.		
2/sub	Iso 2 CFR 200 Subpart E at:		



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Question	Yes	No
10. Does your organization have a documented procurement policy that is compliant with state and federal regulations?		
For more information, see 2 CFR 200.318-327 at		
https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-		
D/subject-group-ECFR45ddd4419ad436d/section-200.318.		
Questions? Email: <u>ANR.FPRGrants@vermont.gov</u> .		
11. Does your organization have a conflict of interest policy?		
12. Does your organization have a record retention procedure that		
complies with all applicable state and federal guidelines?		
*If your organization receives an award, you must maintain all records		
related to your grant for three years after the submission of your final		
invoice. For more information, see: 2 CFR 200.334 at:		
https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-		
D/subject-group-ECFR4acc10e7e3b676f/section-200.334		
Questions? Email: <u>ANR.FPRGrants@vermont.gov</u> .		
13. Does your organization have standard operating procedures and/or		
administrative manuals that indicate strong internal controls?		

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.		
Print Name (required)	Date (required)	
Signature (required)		