**Community Development Block Grant (CDBG)**

**Programmatic Risk Assessment Questionnaire (PRAQ)**

*A separate Programmatic Risk Assessment is required for EACH grant application.*

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| --- | --- | --- | --- | --- |
| **Organization Name:** |  | | | |
| **Program Associated with this PRAQ:** |  | | | |
| **Individual Completing this PRAQ:** |  | | | |
| **Contact Information for Person Completing this PRAQ (Phone and Email):** |  | | | |
| *To comply with the federal risk assessment requirements of 2 CFR Part 200.205, the City of Bloomington must review the programmatic risks posed by all applicant agencies requesting CDBG funding. The City of Bloomington utilizes this questionnaire to comply with federal requirements.* | | | | |
| **WRITTEN POLICIES AND PROCEDURES:**  **Does your organization have written policies and procedures that guide agency operations and program delivery on the topics of:** | | **YES** | **NO** | **NA** |
| General staff management policies and procedures. | |  |  |  |
| Code of Conduct for all agency staff. | |  |  |  |
| Code of Conduct for board members. | |  |  |  |
| Conflict of interest (real or perceived) for agency staff including all programmatic and administrative staff. | |  |  |  |
| Conflict of interest (real or perceived) for board members. | |  |  |  |
| Complaint/grievance resolution policy and procedures relative to agency staff. | |  |  |  |
| Complaint/grievance resolution policy and procedures relative to clients. | |  |  |  |
| Program participant eligibility, if applicable. | |  |  |  |
|  | |  |  |  |
| **FINANCIAL ACCOUNTABILITY:** | |  |  |  |
| Organization has policies and procedures in place governing all financial transactions. | |  |  |  |
| Organizations procedures for financial transactions provide for adequate separation of duties. | |  |  |  |
| Claims for reimbursement are/will be reviewed by more than on staff person to ensure expenses are eligible, allocable, reasonable and necessary. | |  |  |  |
| Organization operates within a budget approved annually and reviewed by its Board of Directors no less frequently than quarterly. | |  |  |  |
| Organization maintains a chart of accounts for all financial accounts/codes. | |  |  |  |
| Organization has at least (3) years’ experience managing federal funding. | |  |  |  |
| Organization’s general ledger separates revenues and expenses by source of funding/program. | |  |  |  |
| Organization receives $750,000 or more in federal funding annually AND undergoes a Single Audit as required. | |  |  |  |
| Organization does not receive at least $750,000 in federal funding BUT undergoes a formal audit annually. | |  |  |  |
| Organization does not receive at least $750,000 in federal funding BUT undergoes a formal audit biennially. | |  |  |  |
| Organization does not undergo a formal audit but undergoes a review of financial statements by an outside entity annually. | |  |  |  |
| Organization files a 990 annually. | |  |  |  |
|  | |  |  |  |
| **AGENCY GOVERNANCE:** | |  |  |  |
| Organization has and follows approved by-laws. | |  |  |  |
| Organization has an active Board which meets regularly or as required in approved by-laws. | |  |  |  |
| Organization has a finance/audit committee or qualified board member responsible for overseeing financial and tax reporting. | |  |  |  |
| Organization is able to comply with all statutory requirements of CDBG. | |  |  |  |
|  | |  |  |  |
| **HISTORY OF PERFORMANCE:** | |  |  |  |
| Organization has at least (5) years’ experience managing grants of comparable scope and/or capacity. | |  |  |  |
| In the last two fiscal years, the organization has always submitted required reports on time. | |  |  |  |
| In the last two fiscal years, the organization has sometimes submitted required reports on time. | |  |  |  |
| In the last two fiscal years, the organization has never submitted required reports on time. | |  |  |  |
| In the last two fiscal years, has your organization been out of compliance with Programmatic Agreement terms and conditions of any awards. | |  |  |  |
| In the last two fiscal years, has your organizations has had Special Conditions placed on a grant award. | |  |  |  |
| Organization has a system in place to adequately track program beneficiary income and demographics. | |  |  |  |
|  | | | | |
| **STAFFING:** | |  |  |  |
| Organization maintains up-to-date job descriptions for all staff positions. | |  |  |  |
| Organization routinely notifies funders, as appropriate, when a change in program staff occurs. | |  |  |  |
| Organization has a system in place to adequately track program-specific work performed. | |  |  |  |
|  | |  |  |  |
| ***Certification: By signing this questionnaire, I certify to the best of my knowledge and belief that the responses are true, complete and accurate. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise (2 CFR 200.415***) | | | | |
|  | | |  | |
| Authorized Signature | | | Date | |
|  | | | | |