

South Dakota Department of Public Safety

Pre-Award Risk Assessment Questionnaire

Entity Information

1. Entity Name: [Click here to enter text.](#)
DUNS: [Click here to enter text.](#) Yes No
2. Has your entity previously received grant funding from the State?
Yes No
3. Does your entity have a policy regarding conflict of interest?
Yes No
 - a. If yes, has any conflict of interest been disclosed between your entity and DPS?
Yes No
4. Does the grant administrator have more than 3 years of experience in managing the objectives expected under this grant program?
Yes No
5. Does the grant administrator and financial staff who will oversee this grant have more than one year prior federal grant award experience?
6. How long has your entity been in business?
[Click here to enter text.](#)
7. Do you anticipate subgranting these funds onto other entities?
Yes No
8. Do you anticipate contracting services to carry out the grant with these funds?
Yes No
9. Does your entity have written policies and procedures for the following business processes that meet the minimum federal requirements?
 - a. Grant Compliance
Yes No
 - b. Procurement
Yes No Not Applicable
 - c. Fixed Assets & Inventory
Yes No Not Applicable

Accounting System & Financial Information

1. What was the total revenue for your agency in most recent fiscal year? [Click here to enter text.](#)
2. Which of the following best describes your entity's accounting system?
Manual Automated Combination
3. Does the accounting system identify the deposits and expenditures of program funds for each grant separately?
Yes No
4. Are time studies conducted for an employee(s) who receives funding from multiple sources?
Yes No Not Applicable
5. Does your entity have any concerns regarding the ability to provide the required match?
Yes No Not Applicable
6. If utilizing in-kind match, does your entity have a system in place for tracking and evaluating the in-kind match?
Yes No Not Applicable
7. Did an independent certified public accountant audit your organization's financial statements?
Yes No
 - a. If yes, for what year? [Click here to enter text.](#)
8. If your entity received over \$750,000 in federal funds from all sources total last year, was a single audit conducted on the entity per 2 CFR 200.501?
Yes No Not Applicable
 - a. If yes, were there any audit findings regarding program non-compliance and/or significant internal control deficiency?
Yes No
9. Are there currently any unresolved audit issues?
Yes No Not Applicable

Completed by: [Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Name

Title

Date