

Pre-Award Risk Assessment Questionnaire

To comply with Minn. Statute 16B.981, our agency must collect and analyze certain information before we can execute a grant contract agreement. If your organization's application is requesting \$50,000 or more in grant funds, this form is required. Please answer the following questions and submit with the required documentation. See attachments at the end for certifications indicated in Questions #3 and 15. This must be submitted with your grant application.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject an organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

Instructions: Complete the following questionnaire by placing an "X" in the "Yes" or "No" column. If you attach documentation as part of your response, note this by placing an "X" in the "Document Attached" column. An asterisk (*) indicates the field requires a response.

Grantee Name*:

Contact Name*:

Questions for all Grantees:

1. Please describe your organization's (a) services and (b) experience (such as skills, knowledge, available resources, processes, and leadership) with administering grants*:

2. Have you ever received a grant from the Department of Natural Resources before?

Yes

No

3. Have any current principals of your organization been convicted of a felony financial crime in the last 10 years?

Yes

No

If Yes, please explain:

If No, complete **Exhibit A** at the end of this questionnaire to certify that no current principal of your organization has been convicted of a felony financial crime in the last 10 years **AND** insert or attach an organizational chart or list for the principals you are certifying in **Exhibit A**.

Check here if org chart (with names) or list of principals is attached

4. Are any of your staff or board members current employees of the DNR?

Yes

No

5. Choose your organization type, and then complete the appropriate section below:

Local Unit of Government (no further questions)

Nonprofit (proceed to question 6)

For-profit (skip to question 12)

Questions for non-profit organizations:

6. Did you file a Form 990 or 990-EZ in the last fiscal year?

Yes

No

If Yes, **attach a copy of your most recently filed Form 990 or 990-EZ**. Skip to question 9.

If No, proceed to question 7.

7. If no to question 5, were you eligible for an exception to the filing requirement?

Yes

No

If Yes, **attach a copy of your IRS determination letter** and explain your exception:

If No, please explain why you didn't file:

8. If you did not file a 990 or 990-EZ in the last fiscal year, attach the most recent set of board-reviewed (or managing group if applicable) financial statements.

Check here if financial statements are attached

9. Please describe the internal controls you have over business expenditures and outcomes of the grant funds, if awarded.

Examples of internal controls include, but are not limited to: documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments; using a payroll system; requiring usernames and passwords, along with appropriate levels of access to systems; supervisor review and approval of payments and timecards; and other internal controls to ensure compliance with laws and regulations to safeguard use of grant funds.

10. Did you have \$750,000 or more in revenue in the last fiscal year and were required to have an audit?

Yes

No

If Yes, **attach a copy of audited financial statements.**

Check here if audited financial statements are attached

11. Are you registered and in good standing with the Secretary of State?

Yes

No

Questions for for-profit businesses:

12. Were you required to file state and federal tax returns for your last fiscal year?

Yes

No

If Yes, **submit a copy of your filed state and federal tax returns** and skip to question 13. Please redact any social security numbers.

Check here if state and federal tax returns are attached

If No, proceed to question 13.

13. Attach a copy of your most recent financial statements, including balance sheet, income statement and statement of cash flows. Please mark any data you consider to be trade secret.

Check which financial statements are attached:

Balance Sheet

Income Statement

Statement of cash flow

14. Please describe the internal controls you have over business expenditures and outcomes of the grant funds, if awarded.

Examples of internal controls include, but are not limited to: documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments; using a payroll system; requiring usernames and passwords, along with appropriate levels of access to systems; supervisor review and approval of payments and timecards; and other internal controls to ensure compliance with laws and regulations and safeguard use of grant funds.

15. Have any liens on company assets been filed with the Office of the Minnesota Secretary of State or county recorder?

Yes

No

If Yes, please describe:

16. Is your business currently under bankruptcy proceedings?

Yes

No

If Yes, please explain:

If No, complete **Exhibit B** at the end of this questionnaire to certify that the business is not under bankruptcy proceedings.

17. Are you registered and in good standing with the Secretary of State?

Yes

No

EXHIBIT A: CERTIFICATION - NO CONVICTION OF FELONY FINANCIAL CRIME BY A PRINCIPAL

(All grantees must certify to this condition)

INSTRUCTIONS:

1. Read the statement below.
2. Sign with a digital signature and type your position title.
3. Insert or attach an organizational chart or list of the principals that you are certifying.
4. Submit this document as part of your response to the pre-award risk assessment questionnaire.

16B.981 Subd. 2 (6) requires that no current principals of a grantee have been convicted of a felony financial crime in the last 10 years. A principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.

By signing here, I warrant that no current principal of my organization has been convicted of a felony financial crime in the last 10 years.

I certify that this information is true, correct, and reliable.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject me/my organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

Signature

Position Title

EXHIBIT B: CERTIFICATION – NOT UNDER BANKRUPTCY PROCEEDINGS

(For-profit grantees must certify to this condition)

INSTRUCTIONS:

1. Read the statement below.
2. Sign with a digital signature and type your position title.
3. Submit this document as part of your response to the pre-award risk assessment questionnaire.

By signing below, I certify that the business is not under bankruptcy proceedings.

I certify that the information is true, correct, and reliable.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject me/this for-profit entity to suspension or debarment proceedings, as well as other remedies available to the State, by law.

Signature

Position Title