

SUBRECIPIENT RISK ASSESSMENT FORM

In accordance with 2 CFR 200.331, Heart of the Rockies Initiative (HRI) is required to conduct an initial risk assessment of all recipients of Federal funding during the review of program/project submissions. HRI evaluates each program/project to determine a risk level of Low, Medium, or High and identifies the appropriate level of compliance monitoring to be conducted by HRI throughout the course of the program/project.

Organization Information

Organization Name : _____ UEI # : _____

What year was your organization established? _____

List any other business names your organization has done business under: _____

Form Completed By: _____ Job Title: _____

Email: _____ Phone #: _____

Previous Experience with Federal Awards	Y	N	Comments
In the past 5 years, has your organization received a federal funding award/grant agreement from any organization? If yes to the above, are you currently compliant with the agreement's monitoring plans?			Briefly Explain If no, why?:

Legal and Auditing Assessment	Y	N	Comments
Is the organization involved in any active lawsuits? Has the organization ever been suspended or debarred from receiving funding by any governmental agency due to acts committed by the organization? Has your organization received an independent financial audit?			Briefly Explain: Briefly Explain: If so, in what year was your most recent independent audit completed?

<p>Were there any findings or violations in your most current audit?</p> <p>If yes to the above, have corrective action plans been implemented to address the findings?</p> <p>If you have not received an independent financial audit, have you received an independent third-party review?</p>			<p>Briefly Explain:</p> <p>Briefly Explain:</p> <p>If so, in what year was your most recent independent review completed?</p>
--	--	--	---

Financial Management Systems & Records	Y	N	Comments
<p>Does your accounting system have the ability to account for each award/grant received by your organization separately?</p> <p>Are cash contributions properly documented as to source, date of receipt, and date of deposit?</p> <p>Has your organization been able to meet its cash needs?</p>			<p>Briefly describe your accounting system:</p>

Staff Qualifications	Y	N	Comments
<p>In the last year, has the organization experienced turnover in grant management or fiscal staff?</p> <p>Do the lead fiscal staff members have greater than five years combined experience with federal grant management?</p> <p>Does the lead programmatic staff have greater than five years combined experience with grant management?</p> <p>Does your organization have a continuity plan in place with respect to the management of the grant (i.e., in the event the grant program</p>			<p>Briefly Explain:</p> <p>List lead fiscal staff members, their job titles, and # of years of experience:</p> <p>List lead programmatic staff members, their job titles, and # of years of experience:</p> <p>Briefly Describe:</p>

manager leaves)?			
------------------	--	--	--

Single Audit Requirement

Subrecipients are required to allow State access to Subrecipient's records and financial statements as required under Uniform Guidance (2 CFR 200). Subrecipients who expend less than \$750,000 in federal funds during the fiscal year are exempt from audit but are required to have available records for review or audit by State. Subrecipients who expend \$750,000 or more in federal funds during its fiscal year are required to have a single audit conducted in accordance with 2 C.F.R. 200.514 or undergo a program -specific audit.

Did you expend \$750,000 or more in federal funds during your most recent completed fiscal year?

Yes No

If yes, please provide Heart of the Rockies Initiative with a copy of the completed audit or a link to an electronic copy.

Over the next two years, how likely are you to expend \$750,000 or more in federal funds during any one fiscal year?

Highly Likely Somewhat Likely Unlikely

I, the undersigned, do hereby certify under penalty of perjury under the laws of the State of Montana that the information and responses provided above are true, correct, and complete to the best of my knowledge and belief.

I acknowledge and agree that Montana Fish, Wildlife & Parks ("MFWP") has the right to examine, inspect, and/or audit any and all relevant financial records, supporting documents, and audit reports in my possession, custody, or control that relate to the representations made herein. I further agree to provide MFWP or its authorized representatives full access to such records upon request, and to cooperate fully in any review, audit, or verification process.

Signature

Date