

City of Minneapolis

Pre-Award Risk Assessment (revised 9-5-19)

To comply with Federal Uniform Grant Guidance, [CFR 200.205](#)

Organization/Agency Legal Name:	
Name of Grant Opportunity or Contract and Funding Source:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local
DUNS (must be 9 or 13 characters):	

**RISK ASSESSMENT**

For **all federally** funded grants, check *one* of the following sites to confirm the organization is not suspended or debarred by the federal government:

<input type="checkbox"/>	System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> . Attach a copy of the dated screen shot.
<input type="checkbox"/>	<b>OR</b> Federal Awardee Performance and Integrity Information System (FAPIIS) at <a href="http://www.fapiis.gov">www.fapiis.gov</a> . Attach a copy of the dated screen shot.

For **all awards**, check to confirm the organization is not suspended or debarred by the state of Minnesota.

<input type="checkbox"/>	MN Department of Administration, State Procurement at <a href="http://www.mmd.admin.state.mn.us/debarredreport.asp">http://www.mmd.admin.state.mn.us/debarredreport.asp</a> . Attach a copy of the dated screen shot.
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The department must consider and document a grantee's prior programmatic performance in one or more of the following:

<input type="checkbox"/>	Management of prior grant awards
<input type="checkbox"/>	Timeliness in submitting program and financial reporting forms
<input type="checkbox"/>	Meeting grant program outcomes
<input type="checkbox"/>	Complying with previous grant terms and conditions
<input type="checkbox"/>	Prior monitoring findings
OR	<input type="checkbox"/> N/A, no prior programmatic performance history

Coordinate with City finance staff and attach documentation of review findings. For **all federal and state** grants to a **nongovernmental** organization, one of the following financial status documents must be reviewed:

<input type="checkbox"/>	single audit report	<input type="checkbox"/>	IRS Form 990	<input type="checkbox"/>	board-approved internal financial statement
<input type="checkbox"/>	Other, please specify				

**ASSESSMENT OUTCOME**

Based upon the risk assessment conducted, choose ONE option below:

<input type="checkbox"/>	There is no need to add specific conditions to the grant contract agreement and/or notice of grant award.
<input type="checkbox"/>	A specific condition/conditions will be added to the grant contract agreement and/or notice of grant award along with a time frame for removing the specific condition if the concern or condition has been addressed.

The specific condition(s) are added because of the following concern:	
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Specify what the specific condition(s) will be and the time period to remain in place:	
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Specific Condition options as outlined in § [CFR 200.207](#) are:

- Requiring payments as reimbursements rather than advance payments
- Withholding authority to proceed to the next phase until receipt of evidence of acceptable performance within a given performance period
- Requiring additional, more detailed financial reports such as general ledgers, supporting documentation
- Requiring additional program project monitoring
- Requiring non-federal entity to obtain technical or management assistance
- Establishing additional prior approvals for specific expenditures

**Printed Name of Department *Contract Manager***

Signature of Department ***Contract Manager***:

Signature of Department Contracts ***Director***:

Date Form Completed: