CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT

SUBRECIPIENT GRANTS MANAGEMENT ASSESSMENT			
Subrecipient	Duns#	FIPS#	
Disaster/Program Title:			
Performance Period: to	Subaward Amount Reque	ested:	
Type of Non-Federal Entity (Ch	eck Box): 🗆 State Gov. 🗆 Local Gov. 🗆	JPA □ Non-Profit □ Tribe	
statutes, regulations and grant through funding. This assessme	ES is required to evaluate the risk of nor terms and conditions posed by each so the solution of the conditions posed by each solution of the conditions, and grant oversight to subrecipations.	ubrecipient of pass- rovide an appropriate	

The following are questions related to your organization's experience in the management of federal grant awards. This questionnaire must be completed and returned with your grant application materials.

referenced above.

For purposes of completing this questionnaire, grant manager is the individual who has primary responsibility for day-to-day administration of the grant, bookkeeper/accounting staff means the individual who has responsibility for reviewing and determining expenditures to be charged to the grant award, and organization refers to the subrecipient applying for the award, and/or the governmental implementing agency, as applicable.

the governmental implementing agency, as	applicable.	
Assessment	Factors	Response
How many years of experience does your current grant manager have managing grants?		
2. How many years of experience does you staff have managing grants?		
3. How many grants does your organization		
4. What is the approximate total dollar amoreceives?		
5. Are individual staff members assigned to work on multiple grants?		
6. Do you use timesheets to track the time s activities/projects?		
7. How often does your organization have a financial audit?		
8. Has your organization received any audit findings in the last three years?		
9. Do you have a written plan to charge costs to grants?		
10.Do you have written procurement policie	s Ś	
11.Do you get multiple quotes or bids when	buying items or services?	
12. How many years do you maintain receipts, deposits, cancelled checks, invoices, etc.?		
13.Do you have procedures to monitor grant funds passed through to other entities?		
Certification: This is to certify that, to the bes	st of our knowledge and belief, the a	data furnished
above is accurate, complete and current.		
Signature: (Authorized Agent)	Date:	
Print Name and Title:	Phone Number:	
Cal OES Staff Only: SUBAWARD #		