SGVCOG
San Gabriel Valley Council of Governments

Subrecipient Information and Pre-Award Risk Assessment Questionnaire

This assessment is used to help determine a potential subrecipient's financial and management strength, which helps assess risk and dictates the monitoring plan for subrecipients. This assessment must be completed prior to entering into a subaward agreement. The San Gabriel Valley Council of Governments (SGVCOG) may follow-up with potential subrecipient regarding the responses to this assessment.

1. Subrecipient Contact Information		
Program/Project: SGVCOG Renter Protection and Homelessness Prevention (RPHP)		
Full Legal Organization/Business Name		
Address		
City	State	Zip Code
Telephone Number	Date Organization Established	
Name/Title of Person Completing this Form		
Email Address		
EIN/TIN		
Partner Agency (if applicable)		
Primary Address of Project Performance		
City	State	Zip Code
Is Project Work being completed at the Subrecipient's Institution?		
Yes ☐ No ☐ Partially ☐		
If no or partially, please describe where Project Work will be completed.		
2. Subrecipient Personnel Contact Information		
Project Director Name/Title		
Telephone Number		
Email Address		

Additional Contact Name/Title
Telephone Number
Email Address
3. What type of organization is the Subrecipient?
Government ☐ Non-Profit ☐ For Profit ☐ Other ☐
4. Do you certify that your organization related to this grant is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal or State agency?
Yes ☐ No ☐
5. Do you certify that your employees related to this grant is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal or State agency?
Yes ☐ No ☐
6. Does your agency show any "delinquent federal debt" in SAM?
Yes ☐ No ☐
7. Does your agency have a conflict of interest policy?
Yes ☐ No ☐
7a. If no, please describe Subrecipient's experience with and approach to determining conflicts of interest.
8. Does Subrecipient have an automated accounting system?
Yes ☐ No ☐
If yes, please indicate which system is used
If no, please complete the following questions

8a. Does Subrecipient's accounting system identify the revenues and expenditures for each Agency program by funding source?		
Yes ☐	No ☐	
8b. Does Subrecipient's accounting system provide for the recording of revenues and expenditures for each award by budget cost categories shown in the approved budget?		
Yes ☐	No ☐	
9. Are all bank accounts reconciled monthly?	Yes ☐	No ☐
10. Does Subrecipient have written policies/procedures related to employees' time and attendance?	Yes ☐	No ☐
11. Does Subrecipient have a timekeeping system that tracks an employee's time across all projects?	Yes ☐	No ☐
If yes, please attach a sample from the timekeeping system.		
11b. If no, how does Subrecipient ensure that employees' time is properly tracked and only billed to one project.		
12. Does Subrecipient have any independent contractors (1099)?	Yes ☐	No ☐
12a. If yes, how does the Subrecipient ensure that independent contractors are distinguished from employees?		
13. Does Subrecipient have written policies and procedures for employees' pay rates and benefits?	Yes ☐	No ☐
14. Does Subrecipient have written policies and procedures for purchasing and/or procurement?	Yes ☐	No ☐
15. Does Subrecipient have a procurement system?	Yes ☐	No ☐

If yes, please describe.
15a. If no, please describe how goods and services are procured.
16. Has Subrecipient received an award or subaward to conduct programs similar to those covered under the proposed subaward agreement in the last two (2) fiscal years?
Yes ☐ No ☐

If yes, please provide a list of such awards or subawards.	

17. Has Subrecipient's financial statements been audited by an independent audit firm?
Yes ☐ No ☐
17a. If yes to questions 10a and/or 11, were there any findings or questioned costs in the last two (2) fiscal years?
Yes ☐ No ☐
17b. If yes, please explain any findings or questioned costs to conduct programs similar to those covered by this proposed subaward agreement.

By its authorized signatory below, Subrecipient hereby certifies and attests to the accuracy of the above responses and all corresponding information attached.

Signature:	
Printed Name:	
Title:	Date:

To be completed by SGVCOG Staff					
1. What is the Funding Source/Prime Sponsor?					
2. What is the Subrecipient award type?					
Grant ☐		Grant with Conditions ☐		Contract/Subcontract ☐	
3. What is the amount of outgoing funds?					
More than $650,000 ☐				$150,000 - $649,999 ☐	
$25,000 - $149,999 ☐				$1 - $24,999 ☐	
4. What is the percentage of the Prime Award being subcontracted to this Subrecipient?					
0-24% ☐		25-49% ☐		50%+ ☐	
5. What are the Subrecipient's Scope of Work and Deliverables?					
Subrecipient will only submit progress reports ☐				Subrecipient is responsible for tangible products ☐	
SGVCOG's work is dependent upon Subrecipient's work ☐				SGVCOG's work is dependent upon Subrecipient's work and continuation funding is tied to performance ☐	
6. Is cost share required?				Yes ☐	No ☐
7. Will participant support be included in the Subrecipient's budget?					
		Yes ☐		No ☐	