**Applicant Self-Assessment**

*Applicant Self-Assessment of Internal Controls and Risks*

Montana Department of Agriculture will use this form to assess the risk of awarding a grant for each applicant. Answers will determine eligibility to qualify for funding and the extent to which special conditions may be applied (such as reporting frequency, site visits, etc.) should a grant be awarded.

|  |  |
| --- | --- |
| **Company/Organization Name** |  |
| **Grant Project Contact** |  |
| **Project Title** |  |
| **Date Prepared** |  |

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **Less than 1** | **Internal Control** |
|  |  |  | How many years of experience managing projects of this type does the Grant Project Contact have? |
|  |  |  | How many years of experience does the Grant Project Contact have in working with federal grants? |
| **Comments:** |  |

**Control Environment**

*Answer “yes” if activity in question applies to your organization. Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation****.*

**Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Do organizational policies exist delegating grant/financial management responsibilities among staff? |
|  |  |  | In addition to program staff, are financial and management personnel involved in the day-to-day implementation of grant funded projects? |
| **Comments:** |  |

**Internal Controls**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are written personnel policies maintained? |
|  |  |  | Are processes in place to ensure that wages charged to the grant are reviewed and based on actual time and effort? |
|  |  |  | Are policies in place that clearly delegate authority within the organization and identify staff responsibilities? |
|  |  |  | Are procedures in place to ensure supervisors, financial staff and managers receive adequate training on federal grant management practices? |
|  |  |  | Is a list of authorized check signers maintained? |
|  |  |  | Are accounting policies in place to ensure that expenses are accompanied by source documentation? |
|  |  |  | Does your organization have a written travel policy? |
|  |  |  | Are written procurement policies maintained and followed by your organization? |
|  |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
|  |  |  | Are all records, checks, and supporting documents retained according to a written policy complying with state and federal regulations? |
|  |  |  | Are periodic (monthly, quarterly) reports of budget to actual spending prepared and reviewed by both accounting and grant staff? |
|  |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or source of funding? |
|  |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** |  |

**Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are procedures in place to ensure that all expenditures are allowable prior to the outlay of funds?  |
|  |  |  | Have personnel responsible for coding expenditures been trained on federal grant management? |
|  |  |  | Are all grant documents made available to grant staff to ensure their ability to adequately review for the allowability of expenditures? |
|  |  |  | Are periodic (monthly, quarterly) reviews of the status of actual to planned program performance prepared and reviewed by staff? |
| **Comments:** |  |

**Equipment Management**

*This section is required only if you requested funds for Special Purpose Equipment in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are fixed asset records maintained that adequately classify and identify individual items, as well as detailing their location? |
|  |  |  | Is someone assigned responsibility to ensure that all equipment is properly maintained? |
|  |  |  | Is insurance coverage maintained for grant purchased equipment? |
| **Comments:** |  |

*Matching Funds or Program Income in your proposal.*

**Program Income**

*This section is required only if you indicated Matching Funds or Program Income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are cash/check receipt policies and procedures clearly documented and communicated to personnel? |
|  |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** |  |

**Audit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Does your organization expend $750,000 or more during the non-Federal entity's fiscal year in Federal awards? |
|  |  |  | Does our organization engage in audits compliant with OMB Circular a-133? |
|  |  |  | Was your previous audit free of significant findings? |
|  |  |  | Have audits been conducted by a CPA or Licensed Public Accountant |
|  |  |  | Are past audit reports kept on file? |
| **Comments:** |  |