



**WYOMING OUTDOOR RECREATION GRANT  
APPLICANT RISK ASSESSMENT QUESTIONNAIRE**

**Date:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Entity Name:** \_\_\_\_\_

Type of Entity: Non-Profit, State Agency, Local government, others	
What kind of experience does your entity have with Federal Grants?	
Who is the project manager for this grant?	
What is the project manager's experience with Federal grants?	

**Attach a copy of your current SAM.gov registration.**

**Recipients of WORG funding must follow the following requirements: 23 CFR, 23 U.S.C, 49 CFR, and (2 CFR 200 for Non-Federal agencies). Answer all questions below in accordance with your entity's requirements when receiving Federal funding.**

**Yes    No    If yes, provide a copy. If no, explain.**

<b>1 Does your entity have written personnel policies to address the following topics?</b>			
Hiring			
Compensation			
Leave			
Performance Management			
Separation			
Conflict of Interest			
<b>2 How frequently are those policies updated?</b>			



**Yes      No      If yes, then provide their contact information.**

<b>3</b> Does your entity have an independent CPA or Accountant? If yes, then give their contact information.			
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**Yes      No      If yes, please explain.**

<b>4</b> Per 2 CFR 200.113, have you or your entity had any violations of Federal criminal law involving the following violations potentially affecting any Federal award?			
Fraud			
Bribery			
Gratuity			

**Yes      No      If yes, provide a copy. If no, please explain.**

<b>5</b> Does your entity have written accounting policies to address the following topics?			
Accounting System			
Billing			
Cost Allowability			
Recording Time Worked/Timesheets			
Leave Time			
Recording Direct and Indirect Costs			
<b>6</b> How frequently are those policies updated?			

**X      If other, please explain.**

<b>7</b> What basis of accounting does your entity use to prepare general-purpose financial statements?		
Cash		
Accrual		
Other		



**Yes      No      If yes, list the name of the CPA and the period covered.**

<b>8</b> Within the past three years, has a CPA performed a single audit on your entity?			
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**Yes      No      If yes, list the entity and the period covered.**

<b>9</b> Is your entity included in another entity's single audit report?			
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**Yes      No      Explain if needed.**

<b>10</b> What type of accounting software does your entity use?			
Quick Books			
Quicken			
Internally-Developed System			
Commercial System (list vendor)			
Manual Accounting System (list type)			
<b>11</b> How many years has your entity used the accounting software?			
<b>12</b> Is access to accounting records limited to authorized personnel? How?			
<b>13</b> Is the accounting software password protected? Who determines/approves the levels of access to the software?			
<b>14</b> Are authorized personnel provided training on the software, how often, and by whom?			



**X Explain if needed.**

<b>15</b> What types of expenditures does your entity typically incur on projects?		
Payroll		
Equipment		
Travel/Per Diem		
Contracted Work		

	Yes	No	Explain if needed.
<b>16</b> Are the project expenditures marked above tracked by unique project numbers? How?			
<b>17</b> Is the accounting system able to prepare reports of total costs per project?			
<b>18</b> Does your entity utilize in-kind contributions or other matching requirements for projects? How are they tracked?			
<b>19</b> Are timesheets and project expenditures approved by an appropriate person? By whom and how often?			
<b>20</b> Is there a procedure in place when a project runs over budget? What is that procedure?			
<b>21</b> WORG reimbursements are required on a federal quarterly basis. Can your records be reconciled on a quarterly basis?			
<b>22</b> Who reviews project cost reports and prepares the reimbursements?			
<b>23</b> Who approves the reimbursement requests before they are sent in for payment?			
<b>24</b> Does your entity have written Procurement Policies? If yes, attach a copy, if no explain.			

**Sub-recipients may be subject to a site visit to determine if their internal processes are functioning as intended.**



**Entity Signature**

I am an authorized signatory for this entity and I certify that we are in compliance with Federal laws and regulations. These statements made herein are true and correct to the best of my knowledge.

Representative Signature

Date

Representative Printed Name

Title

**Wyoming Office of Outdoor Recreation Signature**

Signature

Date

Printed Name

Title