



**Compliance: Federal and Local**

Does your organization have a conflict of interest form signed by the organization's top executive?  Yes  No  N/A

Does your organization have a mandatory disclosure policy on file?  Yes  No  N/A

**History of Performance**

Does your organization currently receive other pass-through or grant funding from the County, or has your organization received County pass-through funding within the last three years?  Yes  No  N/A

If yes, please list the date of the award(s), grant type(s), amount(s), and the County Department(s) you coordinated with in the field below:

---

---

---

---

**Financial Capacity**

*If you respond "Yes" to any of the questions within this section, the County may request supporting documentation.*

Does your organization have multiple revenue streams?  Yes  No  N/A

Does your organization currently receive federal grants?  Yes  No  N/A

Does your organization currently receive state grants?  Yes  No  N/A

Does your organization currently receive local government grants?  Yes  No  N/A

Does your organization currently receive private foundation grants?  Yes  No  N/A

Does your organization currently receive any other types of grants or awards?  Yes  No  N/A

Please provide a general description of your organization's history of grant revenue and the largest source of your organization's funding:

---

---

---

---

Does your organization have a financial shortfall?  Yes  No  N/A

If yes, please detail the amount and duration of the shortfall and any efforts to remedy:

---

---

---

---

**Management Systems and Standards**

Does your organization staff have experience with operating and managing federal grants?  Yes  No  N/A

If yes, please provide a brief description of their experience operating and managing federal grants:

---

---

---

---

Does your organization have a full-time accountant on staff, or does the organization contract for accounting services?

Yes  No  N/A

If no, please elaborate on how you are managing accounting for your organization:

---

---

---

---

Does your organization's board of directors or governing board review financial statements for the organization and its programs at least quarterly?  Yes  No  N/A

Does your organization use a financial management system with the capacity to track and report on different grant funding and programs by source and use of funds, separately?  Yes  No  N/A

**Ability to Effectively Implement the Project**

Have your organization's key personnel (CFO, CEO, Program Manager, Program Director) undergone significant turnover within the last 12 months?  Yes  No  N/A

If yes, please describe this change:

---

---

---

---

Do your organization's key project personnel have experience with the requirements of this program, or other federal grant programs?  Yes  No  N/A

If your organization intends to utilize subrecipient contracts to perform on the award, do you have processes in place to monitor (examples: staff to oversee awards, report forms developed, guidance materials for subrecipients)?  Yes  No  N/A

If yes, please briefly describe the monitoring processes in place:

---

---

---

---

**Audit Reports and Findings**

Has your organization recently (within the last three (3) years) been audited?  Yes  No  N/A

Has your organization recently (within the last three (3) years) had a single audit?  Yes  No  N/A

If there were any findings or concerns, please describe them and the actions taken to correct them:

---

---

---

---

*Questions utilized within this form were derived from 2 CFR 200 guidance and requirements (2 CFR 200.112, 200.113, 200.332(b) & 200.500 Subpart F).*

**CERTIFICATION ON BEHALF OF THE APPLICANT ENTITY (Must be made by the chief executive, executive director, chief financial officer, designated authorized representative ("AOR"), or other official with the requisite knowledge and authority).**

Certification: On behalf of the applicant entity, I certify to the City of Saint Paul that the information provided above is complete and correct to the best of my knowledge. I have the requisite authority and information to make this certification on behalf of the applicant entity.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_ Applicant's title: \_\_\_\_\_