South Dakota Department of Public Safety
Pre-Award Risk Assessment Questionnaire

Entity Information

1. Entity Name: Click here to enter text.
   DUNS: Click here to enter text.

2. Has your entity previously received grant funding from the State?
   ☐Yes  ☐No

3. Does your entity have a policy regarding conflict of interest?
   ☐Yes  ☐No
   a. If yes, has any conflict of interest been disclosed between your entity and DPS?
      ☐Yes  ☐No

4. Does the grant administrator have more than 3 years of experience in managing the objectives expected under this grant program?
   ☐Yes  ☐No

5. Does the grant administrator and financial staff who will oversee this grant have more than one year prior federal grant award experience?
   ☐Yes  ☐No

Accounting System & Financial Information

1. What was the total revenue for your agency in most recent fiscal year? Click here to enter text.

2. Which of the following best describes your entity’s accounting system?
   ☐Manual  ☐Automated  ☐Combination

3. Does the accounting system identify the deposits and expenditures of program funds for each grant separately?
   ☐Yes  ☐No

4. Are time studies conducted for an employee(s) who receives funding from multiple sources?
   ☐Yes  ☐No  ☐Not Applicable

5. Does your entity have any concerns regarding the ability to provide the required match?
   ☐Yes  ☐No  ☐Not Applicable

6. If utilizing in-kind match, does your entity have a system in place for tracking and evaluating the in-kind match?
   ☐Yes  ☐No  ☐Not Applicable

7. Did an independent certified public accountant audit your organization’s financial statements?
   ☐Yes  ☐No
   a. If yes, for what year? Click here to enter text.

8. If your entity received over $750,000 in federal funds from all sources total last year, was a single audit conducted on the entity per 2 CFR 200.501?
   ☐Yes  ☐No  ☐Not Applicable
   a. If yes, were there any audit findings regarding program non-compliance and/or significant internal control deficiency?
      ☐Yes  ☐No

9. Are there currently any unresolved audit issues?
   ☐Yes  ☐No  ☐Not Applicable

Completed by: Click here to enter text.  Click here to enter text.  Click here to enter text.

Name  Title  Date