**City of Spokane Community, Housing, and Human Services
Pre-award Applicant Risk Assessment**

**Note: All applicants must complete this risk assessment. If your organization/entity is applying for the City of Spokane Community, Housing, and Human Services Multi-Family Housing Program, complete this risk assessment in reference to the project sponsor. Please answer all questions and attach all applicable documents, failure to do so will affect the risk determination.**

Organization/Entity Name: \_\_\_\_\_\_\_\_\_\_\_BETTER HEALTH TOGETHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_1/1/2021 TO 12/31/2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MM/DD/YY to MM/DD/YY

Management Systems

1. Does your organization/entity have experience managing grant funds, loans, or other types of financial assistance? If yes, complete the experience column below with your organization’s experience in each of the types. Please include the number of years/months.

X Yes

🞎 No

|  |  |
| --- | --- |
| Type | Experience |
| Federal | CMS: Healthy Kids 2.5 years |
| State | HBE: Navigator contract 9 years; HCA: Medicaid 115 Waivers Funds: 5 years; DOH: Care Connect contract 6 months; Commerce: Better Health thru Housing :2 years |
| Local | Spokane County Pathways: 2 years |
| Foundation | RWJ Grant: 1.5 years; EHF: 4.5 years; Cambia: 6 months St Joseph Foundation: 4 months |

1. Has your organization/entity had changes to key staff or positions in the past 12 months? If yes, explain.

Executive Management 🞎 Yes x No
Financial 🞎 Yes xNo
Program 🞎 Yes x No

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1. Has your organization/entity had changes to business systems in the past 12 months? If yes, explain.

Financial system 🞎 Yes xNo
Policies & Procedures x Yes 🞎 No

Data Collection 🞎 Yes x No

\_\_\_\_\_In 2019, we hired our first full time Chief Financial Officer, prior to this time we contracted with Empire Health Foundation for financial services. Our CFO led our Board Finance Committee in a review of current policies and signficantly upgraded our policies for an organization our size. Our board has continued to review policies on a regular basis and adopt additional policies as necessary.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organization/entity have policies and procedures for the following? If yes, attach. \*Financial Management Ps and Ps include those specific to recording financial transactions, an accounting manual with chart of accounts, segregation of duties and authority for approving financial transactions, and maintenance of accounting records.

Procurement 🞎 Yes x No
Drug Free Work Place xYes 🞎 No
Conflict of Interest x Yes 🞎 No
Financial Management\* x Yes 🞎 No
Property/Equipment Management and Disposition xYes 🞎 No
Retention of Records x Yes 🞎 No
Equal/Civil Rights x Yes 🞎 No

Audit Reports and Monitoring Events

1. Did your organization/entity expend $750,000 or more in federal grant funds in the previous fiscal year?

🞎 Yes

x No

1. Has your organization/entity had a Single Audit or other financial audit in the last 12 months? If yes, attach full audit report including corrective action plans as applicable.

x Yes

 No

1. Did your organization/entity have any monitoring visits by a funding agency in the last 12 months? If yes, fill out the table below (attach additional pages as necessary) and attach a copy of the report(s).

🞎 Yes

x No

|  |  |  |  |
| --- | --- | --- | --- |
| Awarding Entity | Result(Finding(s) – Yes / No) | Corrective Action Plan required? | Status (Open or Closed) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Financial Stability

1. Does your organization/entity have an accounting system in place to segregate expenditures by funding source?

xYes

🞎 No

1. Does the accounting system produce a budget vs. expenditures report?

x Yes

🞎 No

1. Does your organization/entity maintain central files for grants, loans, or other types of financial assistance?

xYes

🞎 No

1. Does your organization/entity have a time and effort system that:
	1. Records all time worked, including time not charged to awards? x Yes 🞎 No
	2. Records employee time specifically by cost objective/activity? xYes 🞎 No
	3. Is signed-off by the employee and a supervisor? x Yes 🞎 No
	4. Complies with the established accounting policies and practices of the organization/entity? xYes 🞎 No
2. Does your organization/entity allocate expenses, either directly or indirectly, by means of a cost allocation plan? If yes, attach current plan.

🞎 Yes

x No

Please note this is work currently underway with the Board Finance Committee, we expect to implement by end of year.

1. Does your organization/entity have a Negotiated Indirect Cost Rate? If yes, attach a copy of the current rate agreement.

🞎 Yes

x No

X 10% De Minimis Rate
We do not have a negotiated indirect cost rate. We do use the de minimis rate when allowed in our Departmet of Health, Healthy Kids and Commerce grants.

Performance History

* + - 1. Is your organization/entity presently debarred or suspended?

🞎 Yes

x No

* + - 1. Has your organization/entity been awarded grants, loans or other types of financial assistance in the past 24 months from the City of Spokane? If yes, choose the type.

🞎 Yes - 🞎 Federal 🞎 State 🞎 Local

xNo

* + - 1. Has your organization/entity been awarded other grants, loans or other types of financial assistance in the past 12 months? If yes, please fill out the following table (attach additional pages as necessary).

X Yes

No

|  |  |  |
| --- | --- | --- |
| Awarding Entity | Program/Project | Award Amount |
| CMS | Healthy Kids | $358K (annually renewable) |
| Health Benefit Exchange | Navigator Program | $241K (annually renewable) |
| HCA | 1115 Waiver | $60M (over 7 years) |
| Department of Health | Care Connect | $1.1M (1st of 2 year contract) |
| Commerce | Better Health thru Housing | $101,000 ( 2nd year of 2 year grant) |
| RWJ | Equity Spokane Collaborative | $146,345 (2nd year of 2 year grant) |
| Cambia Foundation | Rural Behavioral Health | $280,000 (1 year) |
| St Joseph Foundation | Equity Spokane Collaborative | $75,000 ( 1 year) |

* + - 1. Has your organization/entity been defunded or had a reduction in a grant, loan, or other type of financial assistance in the past 12 months? If yes, explain.

🞎 Yes

xNo

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* + - 1. Does your organization/entity obtain prior written approval from the funding agency when:
				1. The scope or objective of the program changes? x Yes 🞎 No
				2. A budget revision/adjustment is desired? x Yes 🞎 No
			2. Has your organization/entity been subject to conditional approvals due to compliance issues? If yes, specify the terms of the special condition and whether or not the special condition is still applicable.

🞎 Yes

x No

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