

Denali Commission Recipient Self Assessment Risk Analysis

Recipient: _____

Project: _____

Total Project Budget: _____

Award Amount: _____

This risk assessment is part of a 2 CFR 200 process for evaluating the risks associated with a proposed Financial Assistance Award from the Denali Commission to the Recipient for the referenced project. This self assessment will be used in conjunction with an internal Commission risk assessment matrix in order to make FAA go/no go decisions, and/or to establish risk management measures such as reporting frequency, insurance requirements, the need for site visits, etc. Recipients must complete this assessment during the pre-award process, and provide documentation for specific questions as directed by Denali Commission staff.

	YES	NO	N/A
1. Has the Recipient operated or managed Federal funds for any projects within the last three years?			
2. Is this a new program or project type for the Recipient? (Managed less than 3 years)			
3. Are key personnel experienced with the program or project? (Worked with the program more than two years)			
4. Is the program or project unusually complex? (funding match requirements, new technology, remote location, etc.)			
5. Will the Recipient issue any sub-awards or contracts in excess of \$25,000. If yes, provide a list.			
6. Does the Recipient have effective internal controls and procedures?			
7. Has the Recipient had a lawsuit(s) filed against them in the past five years? If yes, please attach detailed documentation regarding who filed, reason for filing, and final judgment.			
8. Has the Recipient currently or previously been suspended or debarred, or have employees on an excluded parties list? If yes, please attach a detailed explanation.			

	YES	NO	N/A
9. Does the Recipient have a financial management system in place that can track different awards/accounts, and different types of expenditures/receipts?			
10. Will the accounting system track expenditures by the cost categories shown in the approved budget?			
11a. Has the Recipient had a Single Audit completed for any past, or existing federally funded projects?			
11b. If, yes, were there any findings? If so, attach a detailed explanation of the findings, and management's response.			
12a. For construction projects only: Will the Recipient serve as the long-term owner/operator of the facility?			
12b. If no, identify the entity who will serve as the owner/operator:			
13a. Does your organization have a federally approved indirect cost rate?			
13b. If yes, please list the rate, cognizant federal agency that approved the rate, and date the current rate was approved. Rate: _____ Agency: _____ Date: _____			

Certification

By signing this document, I certify to the best of my knowledge and belief that this information is true, complete, and accurate. I am aware that any false statements or misrepresentation may jeopardize my organization's ability to receive a Denali Commission Financial Assistance Award.

Name (print)

Title

Authorized Signature

Date