U.S. DEPARTMENT OF LABOR -EMPLOYMENT AND TRAINING ADMINISTRATION (ETA) FUNDING OPPORTUNITY ANNOUNCEMENT: FINANCIAL SYSTEM RISK ASSESSMENT

SECTION	A:	PURPOSE
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The financial responsibility of grantees must be such that the grantee can properly discharge the public trust which accompanies the authority to expend public funds. Adequate administrative and financial systems including the accounting systems should meet the following criteria as contained in 2 CFR 200 and 2 CFR 2900.

(1) Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure of funds for each grant.

(2) Entries in accounting records should refer to subsidiary records and/or documentation which support the entry and which can be readily located.
 (3) The accounting system should provide accurate and current financial reporting information.

(4) The accounting system should provide accurate and current manetal reporting information.
 (4) The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the

accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

	SECTION B	: GENERAL						
1. Applicant Legal Name (as it appears in SAM.gov):								
a. When was the organization founded/incorporated (month, day, year):	b. Principal Officers Names, Title, Email AddressPresident/Chair Board of Directors:							
c. Employer Identification Number:	Chief Executive Officer: Chief Financial Officer: Accounting/Budget Officer:							
d. Number of Employees Full Time: Part Time:								
2. Is the organization or institution affiliated w If yes, please provide details as to the nature of provides services or products to the organization	the company (for profit,	nonprofit, LLC, etc)	and if it	3. Total Sales/ accounting peri \$				
	SECTION C: A	ACCOUNTING S	YSTEM					
NOTE: Provide a detailed response (on a separate page on your organization's letterhead and signed/dated by a Principal Officer) for any items 2-9 of Section C that have "No" or "Not Sure" answer(s), providing enough information to clearly reflect the expertise of the organization in these areas.								
1. Has any Government Agency rendered an o identification, and allocation of costs under Fee		ncerning the adequad Yes No	cy of the account	ing system for th	e collectio	n,		
a. If yes, provide name, and address of Agency	performing review:	b. Attach a copy of clearance document		w and any subsec	luent corr	espondence,		
2. Which of the following best describes the accounting system:	State administered	Internally developed	W	eb-based				
3. Does the accounting system identify the rec each contract/grant?	eipt and expenditure of p	rogram funds separa	tely for	Yes	s No	Not Sure		
 Does the accounting system provide for the component project and budget cost categories s 			ract by the	Yes	s No	Not Sure		
 Are time distribution records maintained for identified to a particular cost objective? 	an employee when his/h	er effort can be spec	ifically	Yes	s No	Not Sure		
6. If the organization proposes an overhead rat segregation of direct and indirect expenses?	e, does the accounting sy	stem provide for the		Yes	s No	Not Sure		

7. Does the organization have an approved indirect cost rate or cost allocation plan?	Yes	No	Not Sure
If so, who approved it (Federal Cognizant Agency or a Pass-through Entity)? What are the effective dates?			
8. Does the accounting/financial system include budgetary controls to preclude incurring obligations			
in excess of: a. Total funds available for a grant?	Yes	No	Not Sure
b. Total funds available for a budget cost category (e.g., Personnel, Travel, etc.)?	Yes	No	Not Sure
9. Does the organization or institution have an internal control structure that would provide reasonable assurance that the grant funds, assets, and systems are safeguarded?	Yes	No	Not Sure
SECTION D: FINANCIAL STABILITY			
1. Is there any legal matter or an ongoing financial concern that may impact the organization's ability to manage and a	dminister	the grar	it? Yes
No If yes, please explain briefly.			
SECTION E: FINANCIAL STATEMENTS			
1. Did an independent certified public accountant (CPA) ever examine the financial statements? Yes	No		
2. If an independent CPA review was performed, please attach a copy of their latest report and any management letter	s issued.		
Enclosed N/A			
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3. If an independent CPA was engaged to perform a review and no report was issued, please provide details and an ex	planation l	below:	
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SECTION F: PAYMENT MANAGEMENT SYSTEM ACCOUNT			
1. ETA uses the Department of Health and Human Services Payment Management System (PMS). If your organization provide the PMS EIN and the PMS account (e.g., 89X7X) where grant funding should be placed if selected for award.	on has an I	ETA PN	IS account,
SECTION G: ADDITIONAL INFORMATION			
1. Use this space for any additional information (indicate section and item numbers if a continuation)			