**GEMA/HS RISK ASSESSMENT SURVEY**

**Today’s date** (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

**Agency Name:**

**Tax Status:**

 Appropriated Division of the Town

 501(C)(3)

 Other

**Please specify**

**Your Fiscal Year (e.g. July - June or Jan – Dec)**

**Legal name of the entity to which the FTIN was assigned**

**Physical address as listed on SAM.gov**

Address

Address 2

City/Town

State: Zip:

**Mailing address**

Address:

Address 2:

City/Town:

State: Zip:

**Financial Point of Contact:**

Title:

Name:

Address:

E-Mail Address:

Phone number:

**Survey completed by:**

Title:

Name:

Address:

Email Address:

Phone number:

**1. Has your organization been audited within the past twelve months?**

 No, not within the past twelve months

 Yes, by an outside audit firm

Yes, by town/local auditors

Yes, by a State of Georgia auditor

Yes, by a federal auditor

**2. What was the completion date of the most recent audit?**

Our organization has never been audited

Completion date (MM/DD/YYY)

**3. Did your organization have any findings?**

Our organization has never been audited

Our organization’s audit produced no findings

Our organization’s audit findings have been resolved

Our organization has an active corrective action plan for our audit findings

Our organization has not yet addressed our audit findings

**4. Is your organization required to have a single audit conducted in accordance with the Single Audit Act (sub recipient expends $750,000 or more in federal assistance during its fiscal year)? If “No” skip questions 4a through 4d and go to Question 5.**

Yes

No

**4a. Has the A-133 single audit been submitted to primary pass through Party?**

Yes –provide date (MM/DD/YYYY) and to whom the audit was sent

 No

**4b. Did the organization have significant audit findings from your last single audit regarding program non-compliance?**

 Yes

 No

**4d. If the single audit has not yet been conducted, when will this be completed?** (MM/DD/YYYY)

**5. What type of accounting system do you use?**

 Automated

Manual

6. Does your organization have written policies and procedures for checks and balances of all fiscal transactions?

Yes

 No

7. Does your organization maintain for inspection all the books, documents, payroll papers, accounting records and grant files pertaining to sub grant agreements and contracts for a period of three years after the close of the sub-grant?

Yes

No

8. Has your organization obtained a DUNS number?

Yes. Please provide DUNS number

No

9. Has the DUNS number been registered with the System for Award Management (SAM) at <https://www.sam.gov/portal/public/SAM/>?

 Yes – provide expiration date (MM/DD/YYYY)

 No – estimated date of completion (MM/DD/YYYY)