

Risk Questionnaire

Instructions: Prior to making an award, the Centers for Disease Control (CDC) evaluates the degree of risk posed by an applicant.

In filling out the Risk Questionnaire, each question should be answered as completely as possible, using extra pages if necessary. Please return your completed questionnaire to [Name of Contact].

General Information

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|---|-------------------------|
| Legal Name of Organization | |
| In which country (or countries) does your organization propose to operate for this NOFO- <insert #>? Please list all separated by commas. | |
| In which country is the headquarters or general office of your organization located? | |
| Please identify what type of organization you are (non-profit, for-profit, educational institution, other)? | |
| Is your organization incorporated or legally registered? | If not, please explain: |

Operational Risk

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|--------------------------|---|----------------------|-------------------------|
| Personnel | Does your organization have a President/Director/Chief Executive Officer and Chief Financial Officer? | | If not, please explain: |
| | Does your organization have written human resource (HR) policies and procedures? | | If not, please explain: |
| | List the number of employees within your organization | Full Time Employees: | |
| | | Part-time Employees: | |
| | | Volunteers: | |
| Programmatic Performance | Has your organization managed U.S. Government grants or cooperative agreements within the last 36 months? | | |

Financial Risk

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| Accounting System | Does your organization have written accounting policies and procedures? | | Explanation: |
| | Can your accounting records separate the receipts and payments of a federal grant from the receipts and payments of your organization's other activities? | | |
| | Can your accounting records summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies and equipment? | | |
| Internal Controls | Does your organization have systems, policies, and procedures for tracking and approving hours worked by employees, contractors, and volunteers? | | |
| | Does your organization have internal controls and anti-corruption ethics codes that are emphasized by leadership? | | |
| | Does your organization have written project management policies, procedures, and systems? | | If no, please provide an explanation: |
| | Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (Title 2, U.S. Code of Federal Regulations, Part 200, Subpart E)? | | |
| Cash Management | Does your organization have a bank account registered in its name and that is capable of segregating grant funds from other funds? | | If not, please explain how you plan to manage funds from a potential award? |
| Going Concern | What percent of your organization's capital is from federal funding? (percentage = total federal funding in previous FY/ organization's annual gross revenue in previous FY) | | |
| | What is the dollar amount of your total current assets? (i.e. cash and other assets that are expected to be converted to cash within the next twelve months) | | |
| | What is the dollar amount of your total current liabilities? (i.e. amounts due to be paid to creditors within the next twelve months) | | |
| | What is the dollar amount of your total debt? | | |
| | What is the dollar amount of your total assets? (e.g. cash, fixed assets, accounts receivable, etc.) | | |

Compliance Risk

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| Audit | Does your organization have regular independent audits that you contract and pay for? | | |
| | If yes, who performs the audit? | | |
| | What was the date of the most recent audit and what was the result? | Date: | Opinion: |