



# Minnesota Department of Veteran Affairs

## Pre-award Risk Assessment Questionnaire

To comply with Minn. Statute 16B.981, our agency must collect and analyze certain information before we can execute a grant contract agreement. Please answer the following questions and submit back to us with the required documentation. See attachments at the end for certifications indicated in Questions # 3 and 17.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject an organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

Complete the following questionnaire by placing an “X” in the “Yes” or “No” column. If you attach documentation as part of your response, note this by placing an “X” in the “Document Attached” column.

Grantee Name:

Contact Name:

Question	Yes	No	Document Attached
1. Please describe (a) your services and (b) experience with administering grants.  Your response:			
2. Have you ever received a grant from MDVA before?			
3. Please complete the attached certification ( <b>Exhibit A</b> ) below that none of the principal no current principal of your organization has been convicted of a felony financial crime in the last 10 years.			
4. Have any principals of your organization been convicted of a felony financial crime in the last ten years? Include an organizational chart or include a list below for the principals for which you are certifying in <b>Exhibit A</b> .  Your response:			
5. Please choose your organization type, and then complete the appropriate section: <input type="checkbox"/> Municipality (no further questions) <input type="checkbox"/> Nonprofit (Skip to question 6) <input type="checkbox"/> For-profit (Skip to question 13)			

Question	Yes	No	Document Attached
<b>Nonprofit Questions</b>			
<p>6. Were you required to file a Form 990 or 990-EZ in the last fiscal year? If No, skip to question 8.</p>			
<p>7. Attach a copy of your most recently filed Form 990 or 990-EZ. Skip to question 10.</p>			
<p>8. If no to question 7, were you exempt from filing? If Yes, attach a copy of your IRS determination letter.</p>			
<p>9. If you are exempt from filing or your organization has been in business for less than one year, please describe the internal controls you have over business expenditures and outcomes of the grant funds, if awarded. Examples of internal controls include, but are not limited to: documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments; using a payroll system; requiring usernames and passwords, along with appropriate levels of access to systems; supervisor review and approval of payments and timecards; and other internal controls to ensure compliance with laws and regulations and safeguard use of grant funds.</p> <p>Your response:</p>			
<p>10. Attach the most recent set of board-reviewed (or managing group if applicable) financial statements.</p>			
<p>11. Did you have \$750,000 or more in revenue in the last fiscal year and were required to have an audit? If yes, attach copy of audited financial statements.</p>			
<p>12. Are you registered and in good standing with the Secretary of State?</p>			
<b>For-Profit Businesses Questions</b>			
<p>13. Were you required to file state and federal tax returns for your last fiscal year? If yes, submit a copy of your filed state and federal tax returns and skip to question 15. Please redact any social security numbers.</p>			
<p>14. If your organization has been in business for less than one year, please describe the internal controls you have over business expenditures and outcomes of the grant funds, if awarded. Examples of internal controls include, but are not limited to: documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments; using a payroll system; requiring usernames and passwords, along with appropriate levels of access to systems; supervisor review and approval of payments and timecards; and other internal controls to ensure compliance with laws and regulations and safeguard use of grant funds.</p>			

Question	Yes	No	Document Attached
Your response:			
15. Attach a copy of your most recent financial statements. Please mark any data you consider to be trade secret.			
16. Do you have any liens on assets? If yes, describe below.  Your response:			
17. Is your business currently under bankruptcy proceedings? Complete the attached certification ( <b>Exhibit B</b> ) that the business is not under bankruptcy proceedings.			
18. Are you registered and in good standing with the Secretary of State?			

**EXHIBIT A: CERTIFICATION: NO CONVICTION OF FELONY FINANCIAL CRIME BY A PRINCIPAL**

**INSTRUCTIONS:** Grantees must certify to this condition.

Please sign below to finalize response and submit this document as part of the response to the preaward risk assessment questionnaire.

*Please upload or attach an organizational chart or list of principals that you are certifying for below.*

16B.981 Subd. 2 (6) requires that no current principals of a grantee have been convicted of a felony financial crime in the last 10 years. A principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.

By signing here, I warrant that no current principal of my organization has been convicted of a felony financial crime in the last 10 years.

I certify that this information is true, correct, and reliable.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject me/my organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

---

Print Name

Signature

Title

Date

**EXHIBIT B: CERTIFY NOT UNDER BANKRUPTCY PROCEEDINGS**

**INSTRUCTIONS:** Grantees must certify to this condition.

By signing below, I certify that the business is not under bankruptcy proceedings.

I certify that the information is true, correct, and reliable.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject me/this for-profit entity to suspension or debarment proceedings, as well as other remedies available to the State, by law.

---

Signature

Print Name

Title

Date