



**PREVENTION LEAD ORGANIZATION REGION 3 FY26  
SUBSTANCE MISUSE PREVENTION RISK ASSESSMENT\*(must be completed by fiscal agent)**

**Name of Organization/Entity Applying for Funding:**

**Name of Person Completing Form:**

**Contact Information of Person Completing Form:**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Fiscal Agent (if different):**

**Organization's Policies and Procedures**

**Accounting:**

1. What type of accounting system(s) do you currently use?
  
2. Describe what type of program your organization uses (e.g. Quickbooks, Excel).
  
3. Does your accounting system have the ability to report revenue and expenditures separately by federal program?                      Yes      No
4. Does your accounting system retain documentation of receipts and disbursements for purchases and expenditures?                      Yes      No
5. How will your organization exercise administration, accounting capabilities, and programmatic direction of the project?

**Time keeping:**

1. What type of time reporting system(s) do you currently use?
2. Describe what type of program/manual process your organization uses for time reporting (e.g. Gullo, Excel, paper timesheets):
3. Please attach your organization's most up to date policies/procedures specific to time reporting.
4. Please describe your timekeeping and payroll process.

**Purchasing/Accounts Payable/Accounts Receivable:**

1. Please attach your organization's most up to date policies/procedures specific to purchasing.
2. Please attach your organization's most up to date policies/procedures specific to accounts payable.
3. Please attach your organization's most up to date policies/procedures specific to accounts receivable.
4. Please describe your record keeping, disbursement, and reconciliation process.
5. Please describe how you determine if purchases are appropriate, allowable, and cost-effective.
6. Please attach your organization's conflict of interest policies and procedures.
7. Please attach your organization's salary/indirect cost allocation plan.

**Audit Information:**

1. Does your organization receive more than \$1,000,000 in federal funds per year? (this includes all federal funding)      Yes      No
2. Did your organization have one or more audit findings in your last single audit regarding program noncompliance?      Yes      No  
If yes, please describe in detail the finding and the organization's resolution to address the finding.
3. Did your organization have one or more audit findings in their last audit regarding significant internal control deficiency?      Yes      No  
If yes, please describe in detail the finding and the organization's resolution to address the finding.

**Attachments Requested:**

Most recent audit

W-9 that has been hand signed and dated within last three months

Conflict of interest policies and procedures      not available

Current policies/procedures specific to time reporting      not available

Current policies/procedures specific to purchasing      not available

Current policies/procedures specific to accounts payable      not available

Organization's salary/indirect cost allocation plan

Federally-negotiated indirect cost rate (only if requesting rate different than 10% de minimis rate)

If awarded, please be prepared to provide a copy of your certificate of insurance.