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

## **SECTION A: PURPOSE**

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 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.

accuracy and renability of accounting data, pr	omote operational emeter	icy, and encourage adherence to pre	escribed management	poneies	·.	
	SECTION B	: GENERAL				
Applicant Legal Name (as it appears in SA	M.gov):					
a. When was the organization founded/incorporated (month, day, year):     c. Employer Identification Number:  d. Number of Employees	1	Pinancial Officer:				
Full Time: Part Time:						
2. Is the organization or institution affiliated If yes, please provide details as to the nature of provides services or products to the organizat	of the company (for profit,	nonprofit, LLC, etc) and if it	3. Total Sales/Ro accounting period \$			
	SECTION C: ACCOUNTING SYSTEM					
NOTE: Provide a detailed response (on a sep of Section C that have "No" or "Not Sure" as 1. Has any Government Agency rendered an identification, and allocation of costs under Fo	nswer(s), providing enoug	h information to clearly reflect the	expertise of the organ	nization	in these areas.	
a. If yes, provide name, and address of Agency performing review: b. Attach a copy of the latest review clearance documents, etc.			iew and any subsequ	w and any subsequent correspondence,		
2. Which of the following best describes the accounting system:	State administered	Internally developed	Web-based			
3. Does the accounting system identify the reeach contract/grant?	ceipt and expenditure of p	rogram funds separately for	Yes	No	Not Sure	
Does the accounting system provide for th component project and budget cost categories			Yes	No	Not Sure	
5. Are time distribution records maintained for identified to a particular cost objective?	or an employee when his/h	ner effort can be specifically	Yes	No	Not Sure	
6. If the organization proposes an overhead resegregation of direct and indirect expenses?	ate, does the accounting sy	ystem provide for the	Yes	No	Not Sure	

7. Does the organization have an approved indirect cost rate or cost allocation plan?			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?			Not Sure
b. Total funds available for a budget cost category (e.g., Personnel, Travel, etc.)?			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 1	he gran	it? Yes
No. If you mloose symbolic briefly.			
If yes, please explain briefly.			
CECTION E EINANGIAL CHATEMENTO			
SECTION E: FINANCIAL STATEMENTS			
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 letters	e iccued		
Enclosed N/A	, issued.		
3. If an independent CPA was engaged to perform a review and no report was issued, please provide details and an exp	planation b	below:	
SECTION F: PAYMENT MANAGEMENT SYSTEM ACCOUNT			
ETA uses the Department of Health and Human Services Payment Management System (PMS). If your organization	n has an F	ETA PN	IS account,
provide the PMS EIN and the PMS account (e.g., 89X7X) where grant funding should be placed if selected for award.			,
SECTION G: ADDITIONAL INFORMATION			
1. Use this space for any additional information (indicate section and item numbers if a continuation)			