

# Risk Assessment Questionnaire

*Coronavirus Relief Fund (CFDA 21.019) Allocation from the State of Nevada*

U.S. Department of Treasury “Coronavirus Relief Fund Frequently Asked Questions” Guidance specifies the following requirements:

## ***8. Are Fund payments subject to other requirements of the Uniform Guidance?***

Fund payments are subject to the following requirements in the Uniform Guidance (2 C.F.R. Part 200): 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

“2 CFR § 200.331 - Requirements for pass-through entities” is included as specified above and directs all “pass through entities”, which includes the State of Nevada, to:

(b) Evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring described in paragraphs (d) and (e) of this section, which may include consideration of such factors as:

- (1) The subrecipient's prior experience with the same or similar subawards;
- (2) The results of previous audits including whether or not the subrecipient receives a Single Audit in accordance with Subpart F - Audit Requirements of this part, and the extent to which the same or similar subaward has been audited as a major program;
- (3) Whether the subrecipient has new personnel or new or substantially changed systems; and
- (4) The extent and results of Federal awarding agency monitoring (e.g., if the subrecipient also receives Federal awards directly from a Federal awarding agency).

This risk assessment questionnaire is used to assist the Governor's Finance Office Coronavirus Relief Fund (CRF) program staff in conducting the risk assessment required by Uniform Guidance 2 CFR § 200.331 and the U.S. Department of Treasury and effectively monitoring any identified risks associated with CRF awards.

Based on an evaluation of your Request for Coronavirus Relief Fund Allocation document, past history, and this risk assessment questionnaire, the CRF program staff will:

- analyze and rate each category;
- determine the appropriate risk level;
- determine applicable special conditions;
- identify areas of improvement; and
- work with you to resolve any potential concerns on an as-needed basis.

<b>Recipient Organization Name</b>	Clark, County of/8 <sup>th</sup> Judicial
<b>Federal Funding Organization</b>	U.S. Department of Treasury
<b>"Prime Recipient" Funding Organization</b>	State of Nevada, Governor's Finance Office/Administrative Office of the Courts
<b>Identified Project/Program Name (s)</b>	Air Filtration System Upgrade, Court Microfilm Record Archive Completion, and Live Streaming Software/Hardware
<b>("Program(s) Name" as listed in the "Request for CRF Allocation" document)</b>	

## Section A: SUSPENSION, DEBARMENT, GOOD STANDING

1. Are you or your principles presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<i>If yes, please skip the rest of the questionnaire, go to the A Certification and complete.</i>
2. Are you and your principles in an Active status with the State of Nevada as a vendor?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>If no, please skip the rest of the questionnaire, go to the Recipient Certification and complete.</i>

## Section B: PERFORMANCE HISTORY

1. Have you submitted accurate required project documents (budgets, draws, reports, etc.) for previous similar awards?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>If no, please describe and provide details.</i>
2. Have you submitted timely required project documents (budgets, draws, reports, etc.) for previous similar awards?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>If no, please describe and provide details.</i>
3. Have you been responsive to program/fiscal informational requests for previous similar awards?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>If no, please describe and provide details.</i>
4. Have you met the schedule of project milestones for previous similar awards?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>If no, please describe and provide details.</i>
5. Have you met the approved budget for previous similar awards?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>If no, please describe and provide details.</i>

**Section C: QUALITY OF MANAGEMENT and  
ABILITY TO MEET MANAGEMENT STANDARDS**

1. Does your federal/nongovernmental funding opportunity have complex program requirements?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Please describe and provide details.</i>	See attached PDF titled "Section C Details"
2. Does your program have complex reporting requirements?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Please describe and provide details.</i>	See attached PDF titled "Section C Details"
3. Will your organization subcontract out the program activities?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, please describe and provide details.</i>	
4. Has your organization successfully managed similar programs (funding source, scope, size, etc.)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Please describe and provide details.</i>	See attached PDF titled "Section C Details"
5. Do the following internal controls/policy and procedures exist within your organization? a. Conflicts of Interest b. Civil Rights c. Internal Controls d. Financial Management	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, provide copies of each. If no, describe and provide details.</i>	See attached PDF titled "Section C Details"
6. Has your organization experienced changes to key personnel in immediate management of your program within the last year?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, please describe and provide details.</i>	

<p>7. Has your organization experienced any changes in organizational structure within the last year?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><i>If yes, please describe and provide details.</i></p>	
<p>8. Has your organization experienced any changes to accounting, payroll, administration, technology, or reporting systems within the last year?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><i>If yes, please describe and provide details.</i></p>	
<p>9. Has your organization experienced any loss of accreditation status or licensing within the last year?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><i>If yes, please describe and provide details.</i></p>	
<p>10. Does your organization segregate indirect costs when applicable on other projects? <i>*Note: indirect costs are <u>not</u> allowed for the CRF</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>Please describe and provide details.</i></p>	<p>See attached PDF titled "Section C Details"</p>
<p>11. What economic conditions increase or decrease the risk to your proposed project?</p>	<p><i>Please describe and provide details.</i></p> <p>None</p>	
<p>12. What political conditions increase or decrease the risk to your proposed project?</p>	<p><i>Please describe and provide details.</i></p> <p>None</p>	

# Section D: FINANCIAL STABILITY

1. What is the age of your organization?	<input type="checkbox"/> < 1 year <input type="checkbox"/> 10-15 years <input type="checkbox"/> 1-5 years <input checked="" type="checkbox"/> > 15 years <input type="checkbox"/> 6-10 years
2. What is the amount committed by the approved CRF allocation from the State of Nevada?	<input type="checkbox"/> < \$25,000 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> \$25,000 - \$50,000 <input checked="" type="checkbox"/> > \$250,000 <input type="checkbox"/> \$50,000 - \$100,000
3. Does your organization have any significant audit findings in the past three fiscal years?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, please describe and provide details. Attach copy of audit report.</i>
4. Considering the amount of any federal grants you have applied for and been awarded and/or received during the state fiscal year (July 1 – June 30), what is your total level of federal funding?	<input type="checkbox"/> < \$100,000 <input type="checkbox"/> \$500,000 - \$750,000 <input type="checkbox"/> \$100,000 - \$250,000 <input checked="" type="checkbox"/> > \$750,000 <input type="checkbox"/> \$250,000 - \$500,000
5. If your answer to question #4 is > \$750,000: a. what is your actual amount of federal funding? b. when was your last Single Audit completed? c. when is your next Single Audit scheduled?	a. Actual Amount \$ <u>\$2,464,934.00</u> specifically for District Court only b. Last Completed Single Audit <u>For year ending 6/30/2020</u> <i>Provide copy of single audit report.</i> c. Next Scheduled Single Audit <u>For year ending 6/30/2021 - in process now</u>

## Section E: PROGRAM SPECIFIC RISKS

1. Has your organization or another entity committed to providing a partial match for your project?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, please describe and provide details.</i>
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**CRF RECEIPT CERTIFICATION**

By signing below, the authorized representative certifies all information submitted in the risk assessment questionnaire is accurate and complete.

It is understood that the information provided in this risk assessment questionnaire will be used to conduct the risk assessment required by Uniform Guidance 2 CFR § 200.331 and the U.S. Department of Treasury and assess any special conditions to be monitored during the period of performance of the CRF allocation.

It is understood that the risk assessment will be reviewed prior to financial reconciliations and monitoring (including program oversight) to address concerns outlined and/or to provide technical assistance.

If any special conditions are added to the *State of Nevada Coronavirus Relief Fund Allocation Agreement* resulting from the risk assessment, they will be monitored as specified in the *State of Nevada Coronavirus Relief Fund Allocation Agreement* during the period of performance of the CRF allocation.

Signature



Date

11/22/2021

Printed Name

Steven D. Grierson

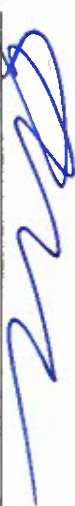
Court Executive Officer

Title

**CORONAVIRUS RELIEF FUND NEVADA SUPREME COURT, AOC CERTIFICATION**

By signing below, the authorized representative certifies all information submitted in the risk assessment questionnaire will be reviewed and used to conduct the risk assessment and determine if special conditions will be assessed and monitored during the period of performance of the CRF allocation.

Signature



Date

11/22/21

John McCormick

Assistant Court Administrator