New Sub-Recipient Assessment

Federal Tax ID#: _____

I. Risk Assessment

1. Does your organization qualify for a Single Audit (formerly A-133 audit)?
   - 1a. If yes, please attach your most recent Single Audit Report
   - 1b. If no, please attach your most recent standard audit report and management letter (typically issued by auditor to the Board of Directors) with attachments, if any. If none, please attach your most recent annual financial statements.
   - 1c. Did your audit include any findings? If so, discuss them below and provide corrective actions taken to address the findings. _____

2a. In the past year, has your organization experienced changes in key personnel (whether on the senior level or not)? If yes, please describe those changes below. _____

2b. In the past year, has your organization experienced any significant changes to program operations? If yes, please describe those changes below. _____

2c. In the past year, has your organization experienced an upgrade of, or other changes in computer systems that would materially affect programmatic operations or financial reporting? If yes, please describe those changes below. _____

3. Has your agency currently or previously received federal awards **directly** from a federal government agency (e.g. Grant awarded to your agency directly from Department of Health and Human Services not passed through an agency like USCCB)? If so, can you list those federal awards with funding agency name, CFDA, FAIN, and total award amount in the space below? _____

4. Has your agency currently or previously received federal awards **from a non-federal pass-through agency** (e.g. a Department of State Grant awarded to your agency sub-granted to you through a primary awardee, like USCCB)? If so, can you list those federal awards with funding agency name, CFDA, FAIN, and total award amount in the space below? _____

5. Are you familiar with OMB regulations / Uniform Guidance for grants such as 2 CFR 215, 2 CFR 200, 2 CFR 220, 2 CFR 230, and Single Audit? If yes, have you worked with them previously? _____

6. Has your organization been registered, and is currently active in the System for Award Management (SAM) database? Yes / No _____

Any exclusions or other sanctions? Yes / No DUNS#:_____

If access to sam.gov registration is restricted, please attached a screenshot of registration details including status.

7. In preceding completed fiscal year, has your organization received (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes / No

8. Are you required to file an IRS Form 990 each year? Yes / No

9. Please provide the name, title, and gross annual pay of your top 5 highest paid employees:

Name	Title	Gross Annual Pay

10. Please attach a W-9 for your organization

II. Certification

Please read and complete the spaces below.

I certify that the responses provided above are complete and accurate to the best of my knowledge.

Respondent's Name _____

Respondent's Signature _____

Position Title _____

Respondent's Email _____

Respondent's Contact No. _____

Organization Name _____

Organization Address _____

_____

Date _____

Please return completed document to:

Winnie Tang, Senior Grants Accountant
Office of Finance and Accounting
United States Catholic Conference
3211 4th Street, N.E.
Washington, D. C. 20017

Thank you for your cooperation.