DEPARTMENT OF THE ATTORNEY GENERAL CRIME PREVENTION AND JUSTICE ASSISTANCE DIVISION PROJECT SELF-ASSESSMENT QUESTIONNAIRE FOR SUBGRANTEES (PSA)

Completed by :

Project No.:	Com	Completed by :	
Project Name:			
# SELF-ASSESSMENT QUESTION		SUPPLEMENTAL QUESTIONS AND/OR PROJECT COMMENTS	
FINANCIAL STABILITY	RESPONSE: Please Select the Most Appropriate Response for Each Question		
1 Award Amount: What is the size of this project's award?			
2 Funding Sources:	Do other funding sources support the operations of this project?	If applicable, provide a breakdown of all funding sources (i.e., Agency, County, State, Other-Federal,Other-Non Federal).	
	NO: No other funding sources supports this project.	Funding Source Type: Amount:	
	YES: This grant is used in conjunction with other funding sources.		
	To your knowledge, provide the project's total estimated operating budget:\$	 <u>This Subaward Amount</u> 	
		3	
	NOTE: If more than one funding source supports the project, provide a breakdown of all funding sources under the ' Supplemental Questions and/or Project Comments' column.	4	
		5.	
		Total:	
QUALITY OF MANAGEMENT SYSTEMS	RESPONSE: Please Select the Most Appropriate Response for Each Question		
3 Turnover/Vacancy: How many staff in key positions (<i>i.e., leadership, Project Director, Fiscal Officer, Grant Funded Staff, etc.</i>) in your agency have been with the agency for 1+ years.			
4 Project Director (PD): Indicate the PD's experience managing grants with CPJAD?			
5 Financial Officer (FO): Indicate the FO's experience managing grants with CPJAD?			

# SELF-ASSESSMENT QUESTION			SUPPLEMENTAL QUESTIONS AND/OR PROJECT COMMENTS
6 Financial Management: How would you describe your agency's financial management (mgmt) system?			Please identify or describe your financial management system(s) used (i.e, Quickbooks):
7 Time and Activity Sheet Management: How does your agency's staff keep track of time and work peformed?	Please check <u>all</u> items captured in employee's time Time Describes the work or activities performed (<i>i.e., counseling, intake, investigation, etc.</i>) Tracks actual time worked on the project and by funding source	records: Completed/signed by the employee Verified & approved/signed by supervisor None of the above - if selected, use comments section to explain further (i.e., time records are not kept)	
8 Budget Management: Does your agency record award and expenditure information by budget cost categories?			
PERFORMANCE HISTORY	RESPONSE: Please Select the Most Appropriate Res	sponse for Each Question	
9 Program Issues: In the last 2 years, have any issues/problems been raised that prohibited the project from achieving its goals and objectives?			
10 Agency Deobligated Funds: In the last 3 years, has your agency deobligated more than 5% of award funds for any project?			If known, identify the project #(s) and amount(s) deobligated:
REPORTS AND AUDITS	RESPONSE: Please Select the Most Appropriate Re	sponse for Each Question	
11 Reports: In the last year, have all of your program/progress and financial/fiscal reports been accurate and timely submitted to CPJAD?			
12 Audit Type: In the last 12 months, what type of audit was conducted on your agency?			If no audit or financial review was conducted in the last year, please explain why and provide date of last audit/review.
13 Audit Findings: What were the results of your most recent audit. Were there any audit findings and if so, what was the resolution? (Finding refers to a material weakness, significant deficiency, or questioned costs).			

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REGULATORY AND OTHER	RESPONSE: Please Select the Most Appropriate Response for Each Question	
14 Programmatic Monitoring - On-Site or Enhanced Desk Review: Were there any findings in your last on-site monitoring or enhanced desk program review?		
15 Fiscal Monitoring - On-Site or Enhance Desk Review: Were there any findings in your last on-site monitoring or enhanced desk fiscal review?		
16 Response: How would you characterize your agency's response time to inquiries from CPJAD?		

Notes: