

Subrecipient Risk Assessment

Applicant Financial Questionnaire

ABOUT THIS ASSESSMENT

PATH policy requires that PATH use this assessment to determine the level of risk associated with every existing or potential subrecipient (“Applicant”) before issuing a subaward.

To complete this assessment, the Applicant must first complete the Financial Questionnaire, provided below, and return it to PATH electronically. PATH project administrators will then score the questionnaire and determine the Applicant’s risk level.

This process helps PATH understand the level of risk involved in granting a subaward to a particular organization. An organization classified as High Risk can still be granted a subaward, but PATH must be aware of the level of risk involved. A High-Risk organization will require higher levels of monitoring and capacity-building.

INSTRUCTIONS TO APPLICANT

- Every Applicant that applies for funding from PATH must complete and submit this questionnaire and required attachments before submitting a proposal or receiving funding.
- The questionnaire must be completed by the financial manager of the applicant organization.
- To complete the questionnaire, first read each statement/requirement in the boxes below. Then, decide whether it applies to your organization. If it applies, click to select the “YES” box. If it does not apply, select “NO.”
- If you select “NO,” please explain how your organization can address the statement/requirement in another way. Type your answer in the “Additional information” box.
- You must submit the questionnaire electronically.
- Other requested documents may be submitted electronically or as paper photocopies, scans, or printouts.
- Do not type anything in the grey “Assessment” column.

APPLICANT FINANCIAL QUESTIONNAIRE

Name of organization: _____

Name of financial manager completing questionnaire: _____

Title: _____

Statement/requirement (mark "YES" or "NO")	YES	NO	Assessment (For PATH use only)
1. Your organization has received at least one grant or award from an organization that is not based in your country. This answer may include grants or awards from PATH. Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 5
2. Your organization has never been denied funding, formally sanctioned, or listed as "High Risk" for financial reasons by a donor. Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 15
3. Your organization has the capacity to submit detailed financial reports in English. Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 5
4. Your organization has a written cash management policy or procedures that govern how cash is handled in your office. Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 15
5. Your organization has a dedicated accountant or finance manager responsible for monitoring organizational funds. Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 5
6. Your organization has a formalized process to account for funds provided through a grant without mixing the funds with money from other sources. Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10
7. Your organization has finance policies in writing. Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10
8. Your organization has the capacity to retain, in a searchable format, financial reports for three years after the close of a grant. Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 15
9. Your organization has its financial statements reviewed by an independent public audit firm. <i>If "YES," please provide a copy of your most recent audited financial report with this questionnaire.</i> Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10
10. Your organization has the capacity to pay all applicable taxes under relevant national laws. Additional information: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10
Total score			
11. (Optional) Please include any information in this space (not provided already) that you feel would help PATH better understand your financial procedures and capacity. You may consider providing the following documents as attachments: Tax certificate or equivalent document, most recent annual balance sheet or audit report, organizational finance manual.			

I certify the above information is true of my organization to the best of my knowledge.

Signature (Add an electronic signature file or type your name): _____

Date completed: _____

Please return the completed form and attachments to PATH personnel electronically.