

NEBRASKA CRIME COMMISSION

Applicant Risk Assessment Form

Section A: Applicant Information

Organization:	Name	Scotts Bluff County Sheriffs Office
	Address	1825 10 th Street
	(including City, State & Zip)	Gering, Nebraska 69341
	Phone:	308-436-6667

Section B: Accounting System


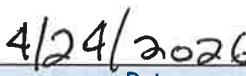
1. Does the applicant have written accounting policies and procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
How often are these policies and procedures updated? Ongoing basis as needed.		
2. Which of the following best describes the accounting system:	<input type="checkbox"/> Manual <input type="checkbox"/> Automated <input checked="" type="checkbox"/> Combined	
3. Does the accounting system identify the receipt and expenditure of program funds separately and distinctly from other sources of revenue/funding?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Provide a brief description of the applicant's policies and procedures that ensure funds will be tracked appropriately. A separate grant fund is created to manage these funds.		
4. Does the applicant have a documented records retention policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If so, briefly describe the policy and confirm that the policy complies with federal regulations and State of Nebraska Records Retention Schedule 124. Scotts Bluff County follows the state of Nebraska retention policies.		
5. Does the accounting system provide for the recording of actual expenditures and outlays with budgeted amounts for each grant or subgrant by categories shown in the approved budget?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Provide a brief summary of the organization's process for tracking expenditures, including tracking budgeted versus actual amounts. The county utilized the MIPS software built specifically to manage local government accounting.		
6. Does the applicant currently require employees to maintain time distribution records that accurately reflect the work performed on specific activities or cost objectives in order to support the distribution of employees' salaries among federal awards or other activities (2 C.F.R. 200.430)? Budget estimates do not qualify as support for charges to federal awards.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Provide a brief description of the organization's established timekeeping policies and procedures. The county uses Timeclock plus to track employee hours.		
7. Does the accounting/financial system include budgetary controls to preclude incurring obligations in excess of:		
a. total funds available for a grant?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. total funds available for a budget cost category (e.g. Personnel, Travel, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. If Federal grant funds are commingled with organization funds, can the Federal funds and related costs be readily identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does the applicant have effective internal controls in place to ensure that federal funds are used solely for authorized purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Provide a brief description of the applicant's internal controls that will provide reasonable assurance that the award funds will be managed properly. The county uses the Accounting and Budgeting Systems for Nebraska Counties.		
10. Does the applicant or any of its employees have any potential personal or organizational conflicts of interest related to the possible receipt of award funds?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Section C: Program Management

1. Is the organization new to managing federal grant funds or has the organization had recent staff turnover that significantly reduces its institutional capacity to effectively manage federal funds?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, please explain. Click or tap here to enter text.		
2. Is the individual primarily responsible for fiscal and administrative oversight of grant awards familiar with the applicable grants management rules, principles, and regulations including the 30 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. Part 200)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the organization experienced high turnover of key grant funded staff directly responsible for program implementation and providing services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, please explain. Click or tap here to enter text.		
4. If the organization has recently (past 5 years) or currently receives federal grant funding, has the organization been out-of-compliance with reporting or other requirements?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, please explain. Click or tap here to enter text.		

Section D: Applicant Certification

I certify that the information provided is complete and correct to the best of my knowledge.

	
Signature of Authorized Official	Date
Mark Harris	
Printed Name of Authorized Official	
Note: The Authorized Official is the Mayor, Chair of County Board or City Council or the Board Chair of a Private Non-profit Agency. The Director of the Agency is NOT considered the authorized official for the signing of these Special Conditions.	

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Section E: For NCC Use Only

1. Does the subrecipient agency have an acceptable track record of managing funds provided by NCC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly explain.		
2. Is the proposed program very complex, is the award above \$1million, and/or is the proposed grant-funded activity such that additional risk can be presumed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.		
3. According to www.sam.gov , is the subrecipient organization or any of its principals presently debarred, suspended, or voluntarily excluded from covered transactions by any Federal, State or local department or agency for non-responsible behavior (i.e. fraud, embezzlement, tax evasion, violation of antitrust statutes)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.		