

**Massachusetts Emergency Management Agency  
Subrecipient Pre-Award Risk Assessment Questionnaire (SPARQ)  
July 2024**

<b>SUBRECIPIENT NAME</b>	
<b>GRANT PROGRAM</b>	

Per 2 CFR 200.332 (b), MEMA is required to “evaluate each subrecipient’s risk of non-compliance with Federal statutes, regulations and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring.”

This form must be completed and signed by an individual in the organization with direct knowledge and/or oversight of internal controls, audits, and systems, such as the Chief Administrative Officer, Chief Executive Officer, or Chief Fiscal Officer.

MEMA’s grant program and fiscal staff will review past performance of subrecipient and the information below to determine the extent to which, if any, monitoring or other measures may be taken to support subrecipient compliance.

**1. Has your organization been the subrecipient of a MEMA issued federal award within the last two fiscal years?**

<b>YES</b>		<b>NO</b>	
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*If YES, complete the table below, If NO move onto question #2*

Year / Grant Program	Award	Year / Grant Program	Award

**2. Was your organization required, per 2 CFR 200, Subpart F, to have an audit of Federal funds performed in the two most recently closed fiscal years?**

<b>YES</b>		<b>NO</b>	
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*If YES, complete the table below, If NO move onto question #3*

Federal Award Name	Purpose of Funds	Amount	Start Date	End Date

**3. Do you have new personnel directly working with Federal grants and/or did you implement new or substantially changed systems related to federal Grants Management in the last calendar year?**

<b>YES</b>		<b>NO</b>	
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*If YES, complete the table below, If NO move onto question #4*

Grant Audited	Finding Date	Finding Description

4. Have you been monitored by any Federal Agency as a direct recipient of Federal Funding in the last two years?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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*If YES, complete the table below, If NO move onto question #5*

Describe new system(s)	
List new employee(s)	
New employee(s) role(s) with federal grants	

5. Do you have an Internal Control Plan?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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*If YES, complete the "YES" table below, If NO complete the "NO" table below explain why you do not have one*

YES – Does your internal control plan include the following:	Yes / No
Detection and Prevention of Fraud, Waste and Abuse	
Accounting system identification of the receipts and expenditures of program funds separately from other grants?	
Distribution records maintained for an employee when his/her efforts are used as direct costs or match	
Procurements conducted in compliance with federal procurement requirements	

NO – Why don't you have an Internal Control Plan?

***This form must be completed and signed by an individual in the organization with direct knowledge and/or oversight of internal controls, audits, and systems, such as the Chief Administrative Officer, Chief Executive Officer, or Chief Fiscal Officer.***

***By signing below, you are certifying that you have reviewed all relevant accounting, internal control, program staffing and management systems of your agency / organization.***

***Furthermore, you are certifying that the above information is complete and correct, and that all efforts to minimize the risk of noncompliance have and will be taken by your agency / organization.***

<b>Signature</b>		<b>Date</b>	
<b>Print Name</b>		<b>Title</b>	

*MEMA will review your completed form to assign your agency / organization a risk level to determine if additional monitoring activities are needed to include but not limited to additional conditions and/or restrictions as outlined in 2CFR 200.322.*