

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

SUBRECIPIENT NAME	
GRANT PROGRAM	

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?**

YES		NO	
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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?**

YES		NO	
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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?**

YES		NO	
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If YES, complete the table below, If NO move onto question #4

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.

Signature		Date	
Print Name		Title	

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.