

# Question 13 (Legislator Brew)

# Center for Community Alternatives

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
33	19	yes	25

**Company Name**

Center for Community Alternatives

**Project Name**

Promoting A Community Transformation: Nonviolence Project (PACT: Nonviolence Project)

**Staff**

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	Y
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	2
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	3
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	1
NOTES: 21.9		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	1
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 5		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 25
NOTES:		

## FLPPS

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
32	21	yes	35

***Company Name***

FLPPS

***Project Name***

Complex Care Program

***Staff***

Faye, Rebecca, Matt, Laura

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	2
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	1
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	4
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	3
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	2
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES:		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 35
NOTES: Medium risk.		

## Consumer Credit Counseling Service of Rochester

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
30	47	yes	53

***Company Name***

Consumer Credit Counseling Service of Rochester

***Project Name***

Driven2Success

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
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4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	3
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES: Need info about their financial system.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	5
NOTES: Entity did not provide financial statements. Confirmed with Chad that they have never been required to have a single audit as they have never expended more than \$750k in Federal funds.		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	1
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 3		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 53
NOTES:		

## Veterans Outreach Center, Inc.

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
29	72	yes	29

***Company Name***

Veterans Outreach Center, Inc.

***Project Name***

Veteran Housing and Services Project (VHSP)

***Staff***



**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	3
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES: Don't have info on financial system. Rated 3 bc audit report doesn't have anything notable.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	2
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	1
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 25		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 29
NOTES:		

## Big Brothers Big Sisters of Greater Rochester NY

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
28	76	yes	45

***Company Name***

Big Brothers Big Sisters of Greater Rochester NY

***Project Name***

Youth Mentoring and Family Support in Monroe County

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	Y
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	5
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	5
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	3
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	3
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES: they listed one grant but did not provide amounts or years.		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	4
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 14 - main contact is overwhelmed by ARPA process and has not met any of the survey deadlines. May find implementation and reporting very difficult.		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 45
NOTES:		

**Dress for Success Rochester**

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
27	79	yes	58

***Company Name***

Dress for Success Rochester

***Project Name***

Dress for Success Rochester: Road to Success

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	3
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	2
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES: ED is relatively new. The contact for this grant changed multiple times throughout this process.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
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NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	5
NOTES: audit is not required		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	4
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	3
NOTES: 37		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 58
NOTES:		

## Community Resource Collaborative on Behalf of the Neighborhood Collaborative Project

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
26	80	yes	67

***Company Name***

Community Resource Collaborative on Behalf of the Neighborhood Collaborative Project

***Project Name***

Neighborhood Collaborative Project (NCP)

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
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3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	2
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	4
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	5
7	Does the entity have sufficient cash flow to carry out the subaward terms?	5
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
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<b>Audits</b>		
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NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	5
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	4
NOTES: 60		
<b>Final Score/Notes</b>		
		<b>Final Score 67</b>
NOTES:		

## Lifespan of Greater Rochester

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
25	83	yes	23

***Company Name***

Lifespan of Greater Rochester

***Project Name***

Improving Older Adults' Health, Safety and Economic Recovery Through Community-based Aging Services and Healthcare Integration

***Staff***



**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	Y
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
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<b>Financial Management, Systems and Personnel</b>		
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6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
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4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	1
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	1
NOTES: 16.30		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	2
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 1.3		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 23
NOTES:		

## Trillium Health

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
24	92	yes	30

***Company Name***

Trillium Health

***Project Name***

Project ACCESS

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	Y
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	3
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	3
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	1
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: .02		
<b>Final Score/Notes</b>		
		<b>Final Score 30</b>
NOTES:		

## Mt. Olivet Baptist Church

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
23	110	yes	81

***Company Name***

Mt. Olivet Baptist Church

***Project Name***

Mt. Olivet Baptist Church Active Shooter Preventive Action Plan

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	5
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	5
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES: per legal, no code of ethics are required. Per legal, this church is a subcontractor rather than a subrecipient.		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	5
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	5
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	5
7	Does the entity have sufficient cash flow to carry out the subaward terms?	5
NOTES: Per legal, no personnel policies are required because this church is a subcontractor rather than a subrecipient.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES: Per legal, this church is a subcontractor rather than a subrecipient.		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	5
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	5
NOTES: Per legal, this church is a subcontractor rather than a subrecipient.		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	2
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	5
NOTES:		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 81
NOTES:		

## Foodlink, Inc.

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
22	128	yes	37

***Company Name***

Foodlink, Inc.

***Project Name***

Expanding Food Access for Monroe County Families

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	3
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	3
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	4
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	3
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES: Don't have financial statements/ financial mgmt system info.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	1
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	3
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: .06		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 37
NOTES:		

## EnCompass: Resources for Learning

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
21	148	yes	38

***Company Name***

EnCompass: Resources for Learning

***Project Name***

Youth Workforce Consortium aka "The Hive"

***Staff***



**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	5
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES: Do not have audited financial statements.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	4
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES: Cannot locate Single Audit online. Request from Entity.		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	2
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 24		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 38
NOTES:		

## Volunteers of America of Western New York, Inc.

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
20	152	yes	36

***Company Name***

Volunteers of America of Western New York, Inc.

***Project Name***

VOA's Hydroponic Farm

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	4
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	3
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	1
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES: VOA confirmed no Single Audit even though original survey indicated yes.		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	2
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 2		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 36
NOTES:		

## Willow Domestic Violence Center of Greater Rochester, Inc.

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
19	157	yes	46

***Company Name***

Willow Domestic Violence Center of Greater Rochester, Inc.

***Project Name***

Launching a Multi-Disciplinary Family Justice Center in Monroe County

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	Y
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	4
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	2
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 14.6		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 46
NOTES:		

## Reentry Association of WNY, Inc.

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
18	170	yes	78

***Company Name***

Reentry Association of WNY, Inc.

***Project Name***

Reentry One-Stop

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	3
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES: Missing M/WBE and Insurance Policies.		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	5
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	5
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	3
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	5
7	Does the entity have sufficient cash flow to carry out the subaward terms?	5
NOTES: Start-up program. Never required an Audit or Financial Statements. Do not have the internal statement prepared.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	5
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	5
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	3
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	5
NOTES: 95		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 78
NOTES:		

## Mary Cariola Center

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
17	171	yes	46

***Company Name***

Mary Cariola Center

***Project Name***

Cariola Workforce Development Program Supporting Careers in the Education and Support of Individuals with Complex Disabilities

***Staff***



**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	1
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 1.34		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 46
NOTES:		

# Deaf Refugee Advocacy

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
16	199	yes	80

***Company Name***

Deaf Refugee Advocacy

***Project Name***

Deaf Refugee Advocacy Community Connections

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	2
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	5
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	5
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	3
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	2
6	Does the entity have sufficient internal controls related to the subaward funds?	5
7	Does the entity have sufficient cash flow to carry out the subaward terms?	5
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	5
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	5
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	5
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	5
NOTES: 89%		
<b>Final Score/Notes</b>		
		<b>Final Score 80</b>
NOTES:		

## Healthy Baby Network

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
15	222	yes	44

***Company Name***

Healthy Baby Network

***Project Name***

Making Meaningful Community Change

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	3
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	3
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	2
6	Does the entity have sufficient internal controls related to the subaward funds?	3
7	Does the entity have sufficient cash flow to carry out the subaward terms?	5
NOTES: Entity has not had an audit since 2018.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	3
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	3
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	3
NOTES: Entity has not had an audit since 2018.		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	2
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	3
NOTES: 44		
<b>Final Score/Notes</b>		
		<b>Final Score 44</b>
NOTES:		

## Baden Street Settlement of Rochester, Inc

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
14	233	yes	42

***Company Name***

Baden Street Settlement of Rochester, Inc

***Project Name***

Baden Street Settlement: Convening to Fill Mental Health Service Gaps for Black and Latinx Community Members

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	Y
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	5
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	5
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES: need to check 4 against the budget which has not been provided yet.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	4
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	5
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	2
NOTES: 26 - They did not provide information timely and when we asked for clarification they argued that their survey was clear enough, that we were being unreasonable in our ask because they know the fed govt does not need what we are asking for, such as what is 2 million dollars going to pay for other than "construction costs". We were also told that we filled out the survey wrong.		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 42
NOTES:		

## Department of Pediatrics UR Medicine and Rochester Regional Health

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
13	236	yes	22

***Company Name***

Department of Pediatrics UR Medicine and Rochester Regional Health

***Project Name***

Enhanced Access to Behavioral Health and Medical Care for All Rochester City School District Students

***Staff***



**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	Y
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	1
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	1
NOTES: 54%		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	1
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES:		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 22
NOTES:		

## St. Joseph's Neighborhood Center

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
12	266	yes	65

***Company Name***

St. Joseph's Neighborhood Center

***Project Name***

Healthcare Transformation through Education, Outreach, and Engagement

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	5
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	5
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	3
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	5
7	Does the entity have sufficient cash flow to carry out the subaward terms?	5
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES: CANT FIND SINGLE AUDIT ONLINE.		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	3
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	2
NOTES: 30		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 65
NOTES:		

## Multicraft Apprenticeship Preparation Program, Inc.

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
11	295	yes	67

***Company Name***

Multicraft Apprenticeship Preparation Program, Inc.

***Project Name***

MAPP / PROJECT PHOENIX

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	5
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	5
6	Does the entity have sufficient internal controls related to the subaward funds?	3
7	Does the entity have sufficient cash flow to carry out the subaward terms?	4
NOTES: The experience of the staff is program related, this grant is to obtain a building in some form to expand training space. This team does not have experience in this. NEED FINANCIAL SYSTEM INFO		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	5
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	5
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	3
NOTES: 35		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 67
NOTES:		

**Monroe Community College**

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
10	305	no	0

***Company Name***

Monroe Community College

***Project Name***

Transforming Lives through Nursing Pathways

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	
2	Does this proposal qualify for funding under ARPA requirements?	
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	
6	Does the entity have sufficient internal controls related to the subaward funds?	
7	Does the entity have sufficient cash flow to carry out the subaward terms?	
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	
NOTES:		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 0
NOTES:		

## Urban League of Rochester, NY, Inc.

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
9	316	no	22

***Company Name***

Urban League of Rochester, NY, Inc.

***Project Name***

Urban League of Rochester Workforce Development Program for Under and Unemployed Individuals

***Staff***



**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	2
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	1
NOTES: 34.31		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	1
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	
NOTES:		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 22
NOTES:		

# YMCA of Greater Rochester

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
8	318	yes	52

***Company Name***

YMCA of Greater Rochester

***Project Name***

Neighborhood Resource Centers

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	5
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES: resumes not provided on time.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	3
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 1.8		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 52
NOTES:		

## The Research Foundation for SUNY Brockport

<i>ID</i>	<i>ARPA ID</i>	<i>Done?</i>	<i>Score</i>
7	322	yes	25

***Company Name***

The Research Foundation for SUNY Brockport

***Project Name***

Rochester Educational Opportunity Center (REOC) Mobile Welding Lab

***Staff***

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	1
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	1
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	1
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	1
7	Does the entity have sufficient cash flow to carry out the subaward terms?	3
NOTES:		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	1
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	1
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	1
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	2
NOTES:		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	1
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	1
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	1
NOTES: 55%		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	3
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	1
NOTES: 1		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 25
NOTES:		

## Rochester ENergy Efficiency & Weatherization (RENEW)

<b>ID</b>	<b>ARPA ID</b>	<b>Done?</b>	<b>Score</b>
6	324	yes	68

**Company Name**

Rochester ENergy Efficiency & Weatherization (RENEW)

**Project Name**

Rochester ENergy Efficiency and Weatherization (RENEW)

**Staff**

**Scoring**

1	Is the agency authorized to do business in New York State?	Y
2	Does this proposal qualify for funding under ARPA requirements?	Y
3	Does the project advance one of the 3 goals outlined by Monroe County's Recovery Agenda and one of the 6 metrics?	Y
4	Has the Data Collection Form on Federal Audit Clearinghouse (FAC) been reviewed? ( <a href="https://facweb.census.gov/uploadpdf.aspx">https://facweb.census.gov/uploadpdf.aspx</a> )	N
<b>General Assessments</b>		
1	Has the entity adopted and implemented all required Uniform Guidance policies and procedures?	1
2	Has the entity adopted and implemented records retention policies consistent with the ARP/CSLFRF award terms?	1
3	Does the entity have a Code of Ethics policy which is provided to all associated employees?	1
NOTES:		
<b>Financial Management, Systems and Personnel</b>		
1	Does the entity have a financial management system that provides records that can identify the sources and application of funds for subaward funded activities?	5
2	Does the entity's financial management system provide for the control and accountability of project funds, property, and other assets?	5
3	What has been the overall staff turnover in the last 2 years? Please highlight any changes to the entity's senior management.	2
4	What is the entity's staff's experience in performing stated activities in the proposed subaward? Please provide resumes of senior staff that will be funded in the program budget.	1
5	Does the entity have a formal, written personnel policy that addresses: (a) Pay rates & benefits, (b) Time & attendance, (c) Leave, (d) Nondiscrimination, (e) Nepotism, (f) Conflict of Interest?	1
6	Does the entity have sufficient internal controls related to the subaward funds?	5
7	Does the entity have sufficient cash flow to carry out the subaward terms?	5
NOTES: Entity did not explain the financial system, therefore unable to determine internal controls and assess the system. have 2021 Financial Statements therefore unable to determine cash flow.		
<b>Experience with Other Federal Grants</b>		
1	Has the entity previously received grants from the federal government? If yes, please list the last three agencies and award periods.	5
2	What is the entity's past performance on meeting federal program outcomes and managing federal funds in compliance with federal regulations? If the entity has received a negative past performance, please explain.	5
3	Identify any other monitoring interventions the entity is currently subject to related to other federal grant awards.	5
4	Is the entity experienced in managing federal funds of the scope of this proposed subaward?	5
NOTES: unsure how to grade 3 given that they have had no previous federal grant experience		
<b>Audits</b>		
1	Does the entity have a designated federal cognizant audit agency? If yes, please provide the name of the audit agency.	1
2	Has the entity completed a Single Audit in the past five years? If yes, please provide a copy of the audit and do not complete the rest of the Audit section.	5
3	If the entity has not had an audit, do they have annual financial statements that have been reviewed and audited by an independent audit firm? If yes, please provide a copy of these statements for the last three years. If no, please explain.	2
NOTES:		
<b>Indirect Rate Information</b>		
1	Does the entity have a negotiated federal indirect/F&A rate? If yes, what is the rate? If no, indicate the de minimis 10% indirect rate will apply.	5
NOTES:		
<b>Overall Risk Assessment</b>		
1	Based on the overall assessment, does the reviewer anticipate any implementation problems with the proposed subaward?	3
2	What percentage of the entity's overall annual budget will this subaward comprise? (Below 33%: low risk; 34%-66%: moderate risk; 67%-100%: high risk)	5
NOTES: Entity may have difficulties gathering necessary demographic data for reporting. Unable to tell what percentage without more recent financials.		
<b>Final Score/Notes</b>		
		<b>Final Score</b> 68
NOTES:		