**Utah Application for Specialty Crop Block Grant**

Date Submitted:

Date Received by State:

State Identifier:

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

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| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
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| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

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| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
| X |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

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| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
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| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

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| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

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| **Yes** | **N/A** | **No** | **Internal Control** |
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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
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| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

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**Appendix B - Application Cover Page and Project Template**

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| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
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| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
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| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

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| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
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| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
| X |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
| X |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
| X |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
| X |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
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| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

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|  |  |
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| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
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| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
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## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
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| --- | --- | --- | --- |
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## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
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| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

Proposed Project Dates:

Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of entity or individual making application:**

**Type of applicant (circle appropriate letter)**

|  |  |
| --- | --- |
| A. State | G. Private University |
| B. County | H. Native American Tribe |
| C. Municipal | I. Individual |
| D. Township | J. Profit Organization |
| E. Special District | K. State Controlled Institution of Higher Learning |
| F. Independent School District | L. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Name, telephone number, and email address of person to be contacted on matters involving this application (give area code):**

**Address (street address, city, county, state, zip code):**

**Employer Identification Number:**

**\_ \_ - \_ \_ \_ \_ \_ \_ \_**

**Areas impacted by project (cities, counties, etc.):**

**Congressional districts of:**

Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project\_\_\_\_\_\_\_\_\_\_\_

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
| X |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
| X |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

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| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
| X |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
| X |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
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| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

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| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
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| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
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| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
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| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
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| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
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| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
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| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
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| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
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| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

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| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

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| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
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| **Comments:** | | |  |

## **Organizational Structure**

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| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
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## **Human Resources**

|  |  |  |  |
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| --- | --- | --- | --- |
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## **Allowable Activities & Costs**

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| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
| X |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
| X |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
| X |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
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| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
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| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
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| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

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|  |  |
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| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
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| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
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## **Human Resources**

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| --- | --- | --- | --- |
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## **Accounting**

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| --- | --- | --- | --- |
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## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
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| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
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| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
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| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
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| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

**Is the applicant delinquent on any federal debt?**

**Yes**\_\_\_\_\_\_ (if yes, attach explanation) **No**\_\_\_\_\_\_\_\_

**APPLICANT INFORMATION**

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
| X |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
| X |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

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| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
| X |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
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| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
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| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

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| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
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| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
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| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
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| X |  |  | Is a written travel policy maintained by your organization? |
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| **Comments:** | | |  |

## **Matching Funds & Program Income**

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|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
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| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
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| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
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| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
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| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

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| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

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| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
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| **Comments:** | | |  |

## **Organizational Structure**

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| **Yes** | **N/A** | **No** | **Internal Control** |
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## **Allowable Activities & Costs**

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| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
| X |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
| X |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
| X |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
| X |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
| **Physical Address** | 221 South 400 West, Salt Lake City, UT 84110 | | | | | | | | | |
| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
| **Email** | James.hunter@rescue.org | | | | | | | | | |
| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
| X |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
| X |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are personnel policies in writing? |
| X |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
| X |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
| X |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
| X |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
| X |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
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| X |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
| X |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
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| X |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
| X |  |  | Are written procurement policies maintained and used by your organization? |
| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
| X |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
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| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

# Appendix A Grantee Self-Assessment

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|  |  |
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| **Company/Organization Name** | International Rescue Committee, Inc. |
| **Grant Project Contact** | James Hunter |
| **Project Title** | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers |
| **Date Prepared** | April 22, 2020 |

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes****.*

# *Control Environment*

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  | X |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
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| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
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## **Human Resources**

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| --- | --- | --- | --- |
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## **Accounting**

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| --- | --- | --- | --- |
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## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
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| X |  |  | Is a written travel policy maintained by your organization? |
| X |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
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| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
| X |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
| X |  |  | Does our organization engage in annual audits compliant with OMB Circular a-133? |
| X |  |  | Was your previous audit free of significant findings? |
| X |  |  | Have audits been conducted by a CPA or licensed public accountant |
| X |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B - Application Cover Page and Project Template**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** | International Rescue Committee, Inc. | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
| Y | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** | 13-5660870 | | | | | | | | | |
| **DUNS #** | 949783047 | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** | James Hunter | | | | | | | | | |
| **Mailing Address** | 221 South 400 West, PO Box 3988, Salt Lake City, UT 84110 | | | | | | | | | |
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| **Phone** | (801) 328-1091 | | | | | **Cell** | (713) 805-4115 | | | |
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| **Grant Management Contact** | Martha Drake Reeves | | | | | | | | | |
| **Phone** | (404) 245-1880 | | | | | **Email** | MarthaDrake.Reeves@rescue.org | | | |
| **Project Title** (limited to **fifteen** words) | Urban Shade Cloth Use and Translated Language Food Safety Resources for Utah Specialty Crop Producers | | | | | | | | | |
| **Funding Amount Requested** | $64,000 | | | | | **Cash or In-kind Match** | $18,056 | | | |
| **Project Start and End Date** | 10/01/2020 - 09/30/2022 | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | | Diverse vegetable Crops | | | | | | | |
| **Area of Focus (select all that apply)** | X | *Agricultural education and outreach* | | | | X | *Food safety enhancement* | | | |
| X | *Sustainable production practices* | | | | X | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
| X | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* | *X* | | *No* | *List partnering state(s)* |  | | | |

**Descriptive title of project:**

|  |  |
| --- | --- |
| Grant |  |
| Applicant |  |
| State |  |
| Other |  |
| Program Income |  |
| TOTAL |  |

**ESTIMATED BUDGET**

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE GRANT RULES IF THE ASSISTANCE IS AWARDED.**

**Name of Authorized Representative:**

**Title:**

**Telephone Number:**

**Signature of Authorized Representative:**

**Date Signed:**

Authorized for Local Reproduction.

Application – Specialty Crop Block Grant

Email applications to Calli Forsyth, [callinielsen@utah.gov](mailto:callinielsen@utah.gov). Please call 385-549-7987 with application questions.

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** |  |
| **Grant Project Contact** |  |
| **Project Title** |  |
| **Date Prepared** |  |

# *Control Environment*

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes***

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  |  |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
|  |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
|  |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are personnel policies in writing? |
|  |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
|  |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
|  |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
|  |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
|  |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
|  |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
|  |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
|  |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
|  |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
|  |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
|  |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
|  |  |  | Are written procurement policies maintained and used by your organization? |
|  |  |  | Is a written travel policy maintained by your organization? |
|  |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
|  |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
|  |  |  | Does your organization engage in annual audits compliant with OMB Circular a-133? |
|  |  |  | Was your previous audit free of significant findings? |
|  |  |  | Have audits been conducted by a CPA or licensed public accountant |
|  |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B – Application: Project Template Cover Page**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** |  | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
|  | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** |  | | | | | | | | | |
| **DUNS #** |  | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** |  | | | | | | | | | |
| **Mailing Address** |  | | | | | | | | | |
| **Physical Address** |  | | | | | | | | | |
| **Phone** |  | | | | | **Cell** |  | | | |
| **Email** |  | | | | | | | | | |
| **Grant Management Contact** |  | | | | | | | | | |
| **Phone** |  | | | | | **Email** |  | | | |
| **Project Title** (limited to **fifteen** words) |  | | | | | | | | | |
| **Funding Amount Requested** |  | | | | | **Cash or In-kind Match** |  | | | |
| **Project Start and End Date** |  | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | |  | | | | | | | |
| **Area of Focus (select all that apply)** |  | *Agricultural education and outreach* | | | |  | *Food safety enhancement* | | | |
|  | *Sustainable production practices* | | | |  | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
|  | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* |  | | *No* | *List partnering state(s)* |  | | | |