south dakota
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APPENDIX A: NON-PUBLIC SCHOOL UNIQUE ENTITY ID AND APPLICANT RISK ASSESSMENT
FY 2026 Equipment Assistance Sub Grant

All non-public schools must complete Appendix A and submit with a completed application in order to qualify for equipment grants. Failure to complete and submit Appendix A will result in an incomplete equipment grant application.

Public schools complete the UEI and risk assessment in the DOE Grant Management System annually.

UNIQUE ENTITY ID (UEI)
Organization Name: _____

UEI #: _____ UEI Expiration Date: _____

Must be a wet signature that is submitted by mail. Scanned or electronic signatures are not acceptable.

By signing this document, I am attesting that I have read and understand the obligations of all of the assurance and attestation statements. I am certifying that the entity listed has a UEI number and will meet the annual requirement of certifying that the UEI number is up to date.			
Name of Authorized Representative			
Title of Authorized Representative			
Signature of Authorized Representative			
Date			
Email			
Phone:		Fax:	

APPLICANT RISK ASSESSMENT QUESTIONNAIRE

1. What percentage of your organization's funding would this award be in comparison to your organization's total funding?
   - ☐ Less than 30%
   - ☐ 30% - 60%
   - ☐ More than 60%

2. What type of accounting system will be used to manage the financial records?
   - ☐ Manual
   - ☐ Automated
   - ☐ Combination of manual and automated (please explain below)
   - ☐ Our organization does not have an accounting system in place at this time (please explain below)

   Explanation: _____

3. Has the State awarded your organization previously?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure

   Explanation: _____

4. Does a conflict of interest exist between your organization and the granting organization?
   A conflict of interest would entail key personnel of your organization, such as the Executive Director, Finance Officer, Business Manager, Board Members, etc. and/or the granting organization, such as a state officer and/or employee having an interest in, or deriving a direct benefit from, a contract. Please see SDCL 5-18A-17.1 through 5-18A-17.6 for more information about conflict of interest.
   - ☐ Yes* (please explain below)
   - ☐ No
   - ☐ Unsure (please explain below)

   *Disclosing a potential conflict of interest does not automatically render the applicant disqualified from receiving the award.

   Explanation: _____

5. If your organization answered "yes" to the previous question, has the conflict been disclosed in writing? If so, please attach a copy of the disclosure to this questionnaire. If your organization answered "no" to the previous question, please skip to question number 6 of this questionnaire.
   - ☐ Yes
   - ☐ No (please explain below)

   Explanation: _____

6. Does anyone within your organization currently work for the State of South Dakota or worked for the State of South Dakota within the last year?
   - ☐ Yes (please explain below)
   - ☐ No

   Explanation: _____

7. Please list key personnel (i.e. Executive Director, Finance Officer, Business Manager, Chief Information Officer, Board Members, etc.) who will be involved with the award and the number of years they have worked for your organization. Please attach a separate document if your organization has more than five (5) key personnel who will be involved with the award.

	Name	# of Years Worked
i.	_____	_____
ii.	_____	_____
iii.	_____	_____
iv.	_____	_____
v.	_____	_____

8. Has there been any turnover in key personnel within your organization in the last year?
   - ☐ Yes (please explain below)
   - ☐ No

   Explanation: _____

9. Does the program leader have more than three (3) years of experience in managing the scope of service required under this program?
   - ☐ Yes (please explain below)
   - ☐ No

   Explanation: _____

10. Does your organization's financial and programmatic staff who will oversee this award have more than one (1) year prior experience with a federal grant award?
    - ☐ Yes (please explain below)
    - ☐ No

    Explanation: _____

11. How long has your organization been in operation?
    - ☐ 0-2 years
    - ☐ 3-5 years
    - ☐ 6-9 years
    - ☐ 10+ years

12. Does your organization anticipate passing the award onto other entities?
    - ☐ Yes (please explain below)
    - ☐ No

    Explanation: _____

13. If your organization answered “yes” to the previous question, is there any indication that the subrecipient may have difficulty meeting the required match? If your organization answered “no” to the previous question, please skip to question number 14 of this questionnaire.
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)
    - ☐ Not applicable

    Explanation: _____

14. If your organization answered “yes” to question number 12, does a conflict of interest exist between your organization and the entity in which your organization will pass the award onto? If you answered “no” to question number 12, please skip to question number 15 of this questionnaire.
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)

    Explanation: _____

15. If your organization answered “yes” to the previous question, has the conflict of interest been disclosed in writing? If so, please attach a copy of the disclosure to this questionnaire. If your organization answered “no” to the previous question, please skip to question number 16 of this questionnaire.
    - ☐ Yes
    - ☐ No (please explain below)

    Explanation: _____

16. Does your organization have experience with a similar award?
    - ☐ Yes (please explain below)
    - ☐ No

    Explanation: _____

17. Does your organization maintain policies which include procedures for assuring compliance with the terms of this award?
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)

    Explanation: _____

18. Does your organization have an accounting system that will allow your organization to completely and accurately track the receipt and disbursements of funds related to this award?
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)

    Explanation: _____

19. Does your organization have a system in place which can track employee time spent on multiple programs?
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)

    Explanation: _____

20. Does your organization have a procurement system or procedures in place that meet the minimum federal requirements for procurement as stated in 2 CFR §200.317 – §200.326?
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)

    Explanation: _____

21. Does your organization have a property management system in place that meets the minimum federal requirements for equipment management as found in 2 CFR §200.310 – §200.316?
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)

    Explanation: _____

22. Does your organization have an adequate system or procedures in place for tracking and evaluating in-kind match?
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)
    - ☐ Not applicable

    Explanation: _____

23. Has your organization been audited within the last 3 years?
    - ☐ Yes
    - ☐ No (please explain below)
    - ☐ Our organization has been in operation for less than 3 years

    Explanation: _____

24. If your organization received over $1,000,000 total in federal funds from all sources last year, was a single audit conducted on the entity per 2 CFR §200.501?
    - ☐ Yes
    - ☐ No (please explain below)
    - ☐ Our organization did not receive over $1,000,000 total in federal funds from all sources last year

    Explanation: _____

25. If your organization answered "yes" to the previous question, did your organization have one or more audit finding in your last single audit regarding significant internal control deficiency? If your organization answered "no" to the previous question, please skip to question 26.
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)

    Explanation: _____

26. Does your organization currently have any unresolved audit issues?
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)
    - ☐ My organization has not been audited

    Explanation: _____

27. Does your organization intend to claim use of personal property (i.e. a vehicle, cell phone, etc.) as an expense?
    - ☐ Yes (please explain below)
    - ☐ No
    - ☐ Unsure (please explain below)

    Explanation: _____

28. Please check all of the following circumstances that apply to your organization (explain below as necessary):
    - ☐ A new or substantially changed system or software packages (i.e. accounting, payroll, reporting, technology, administration, etc.)
    - ☐ External risks including: economic conditions, political conditions, regulatory changes, unreliable information, etc.
    - ☐ Loss of license or accreditation to operate program
    - ☐ New activities, products, or services
    - ☐ Organization restructuring
    - ☐ Inadequate system to segregate indirect from direct costs

    Explanation: _____