CBRA Risk Assessment Survey (for SFY 2021-2022)

Agency Name:	
Agency Contact:	
Date Completed:	

Question	Answer (Select One)	Notes (If Applicable):
Has your organization administered federal or state funding for 2 or more years?	☐ Yes ☐ No ☐ N/A	
Prior to this contract, did your organization administer any other Housing Assistance Unit funds?*	☐ Yes ☐ No ☐ N/A	
During the last two calendar years, what percent of the total funding for your organization came from the Washington State Department of Commerce?	☐ 0 – 20% or Less ☐ 1 – 21% - 50% ☐ 2 – 51% - 75% ☐ 3 – 76% or More	
Is your organization subgranting any part of this contract?	☐ Yes ☐ No ☐ N/A	
If so, did your organization have experience subgranting prior to this contract?	☐ Yes ☐ No ☐ N/A	
Are any of your subgrantees of this contract new to administering Housing Assistance Unit Funds?	☐ Yes ☐ No ☐ N/A	
Has your agency or any of your subgrantees had any significant Audit Findings within the last 3 years that indicate a high risk for successful contractual performance?	☐ Yes ☐ No ☐ N/A	

* Housing Assistance Unit funds are funds administered by the following teams in the Housing Assistance Unit at the Department of Commerce: Balance of State Continuum of Care Team, Office of Family and Adult Homelessness, Office of Homeless Youth, Office of Supportive Housing.

COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
Kathleen Torella, Director

SPOKANE COUNTY REGIONAL BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION (SCRBH-ASO)
COMMUNITY BEHAVIORAL HEALTH RENTAL ASSISTANCE PROGRAM (CBRA)
RISK SELF-ASSESSMENT SURVEY

*I attest on behalf of my Agency, that the information supplied on this **CBRA Risk Self-Assessment Survey** is true and accurate. I further affirm that I possess signing authority for this CBRA Request for Information (RFI) attestation and that our Agency can provide supporting documentation upon request.*

Title of Agency:	
Name of Person Attesting:	
Title of Person Attesting:	
Signature:	
Date of Attestation:	