

EXHIBIT E

Pre-Award Assessment



As part of the RFP, we need additional information about the operation of your organization. Please respond to all questions, attach requested information, and submit with your proposal. For additional information and guidance, please contact Quiana Lopez, Contracts Specialist.

Organization
 name: Address:
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 Fax:
 Incorporated in:
 Number of
 Employees:
 Name of CEO:
 URL:
 Date:
 Fiscal year dates (month and year):

Type of organization (check all that apply): US Government Entity
 US entity that did not expend \$750,000 or more in US federal funds in the latest fiscal year For profit organization
 Non-profit organization
 University
 Foundation

	Yes	No	Details/ supporting
Audits			
Have you completed an annual audit in accordance with Uniform Guidance Single Audit requirements a single audit?			Please provide a copy
Have your annual financial statements been audited by an independent audit firm?			Please provide a copy
Does your organization have a financial management system that records the source and application of funds for award-supported activities?			
Are all cash disbursements within the organization fully documented with evidence of receipt of goods or performance of services?			

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Does organization have an effective system or procedure to control paid time charged to awarded funds?			
Does organization have an effective system or procedure for authorization and approval of:			
Capital equipment			

	Yes	No	Details/ supporting
Travel expenditures?			
Vendor and subcontractor			
Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?			
Do you have written policies that address:			
Pay Rates and Benefits?			
Time and Attendance?			
Leave?			
Discrimination?			
Privacy and			
Conflicts of Interest?			
Purchasing?			
Record retention?			
Petty Cash?			
Accounts Payable?			
Accounts Receivable?			
IT?			
Credit cards?			
Do you subcontract to perform duties under this contract?			
Does your organization have appropriate insurance			Submit insurance
Does your organization have a cost allocation plan?			Please provide a copy
Has there been a change in your senior management team in the past year?			
Have any key program staff started with the organization in the past year?			
Do your Board of Directors and Executive Team have an ownership or controlling interest in the business, and if so what percent is that interest?			If yes, please describe.
Has your agency had any bankruptcies or defaults?			If yes, please describe.
Has your agency been de-barred or suspended from government programs?			If yes, please describe.
Has your agency been placed on a corrective action plan within the past 12 months by any agency?			

	Yes	No	Details/ supporting

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Organized Delivery System – 42 Code of Federal Regulations Section 483			
Do you have a documented process for credentialing and re-credentialing of providers (i.e. - individual providers?)			
Do you have a license and/or certification issued by the State that is in good standing?			
Are you under investigation for Medi-Cal fraud?			
Will you have a Medical Director who, prior to the delivery of services under this pilot, who will be enrolled with DHCS under applicable state regulations, and will have been screened in accordance with 42 CFR 455.450(a) as a “limited” categorical risk within a year prior to serving as Medical Director under this ODS pilot, and will have signed a Medicaid provider agreement with DHCS as required by 42 CFT 431.107?			

Please remember to submit a copy of your annual audit, current audited financial statements, and insurance if answered yes in above inquiries.