

Risk Assessment Checklist for CSPD Grant Sub-Recipients

GRANT TITLE: 15PJDP-24-GK-04188-MECP	Internet Crimes Against Children (ICAC) Task Force
Department Name:	
SUB-RECIPIENT UEI:	
SUB-RECIPIENT'S FISCAL MANAGER:	
SUB-RECIPIENT'S PROGRAM MANAGER:	

CERTIFICATION OF RESPONSES

I hereby certify that the information provided and contained within my responses are true and correct to the best of my knowledge. I further understand that untruthful statements provided or falsified documentation submitted may result in the immediate termination of the above-mentioned grant/contract (Statement of Grant Award) and is punishable by law.



Signature of individual certifying the responses

Amanda Weiss Commander

Printed Name and Title of individual certifying the responses

8/29/2025

Date

Return to:
Colorado Springs Police Department
ATTN: Lt. Korey Hutchison
705 South Nevada Avenue
Colorado Springs, CO 80903
korey.hutchison@coloradosprings.gov

Your agency's responses will be used to make funding decisions and determine the level of sub-recipient monitoring CSPD will perform related to your grant award.

1. Does your agency have an EEOP (Equal Employment Opportunity) plan on file?

✓	YES
	NO

2. Does your agency notify program beneficiaries how to file complaints alleging discrimination with the (federal) Office for Civil Rights? Notification can be a link on your website, posters, brochures, etc. Definition of beneficiaries: All grant funded projects have beneficiaries. For example, if your project was funded for the purchase of equipment, then you need to think about how the equipment benefits your agency personnel and/or the citizens of your local community.

✓	YES
	NO

3. In the prior two years, has your agency had any findings of discrimination issued by a federal or state court, or federal or state administrative agency on the grounds of race, color, religion, national origin, sex, gender identity, or sexual orientation?

	YES
✓	NO

4. Does your agency have policies that prohibit discrimination against prospective or current employees on the basis of race, color, religion, national origin, sex, gender identity, or sexual orientation?

✓	YES
	NO

5. Does your agency have a policy that addresses meaningful access to your programs and activities to persons who have limited English proficiency (LEP)?

✓	YES
	NO

6. Is your agency presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency?

	YES
✓	NO

7. Does your agency use any grant money for lobbying activities?

	YES
✓	NO

8. Does your agency have written personnel policies and procedures?

✓	YES
	NO

9. Does your agency abide by the Drug-Free Workplace Act of 1988?

✓	YES
	NO

10. Does your agency have a written policy that addresses the retention of grant-related records that meets the requirements of funding agencies?

✓	YES
	NO

11. Will or has your grant funded project use(d) federal funds to reduce state or local funds that are available or have been allocated for the same activity or purpose within your agency (i.e. will you supplant local funds with these funds)?

	YES
✓	NO

12. Do you have written financial policies and procedures in place that address:

a. Grant accounting to include procedures for financial management

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

b. Cash management

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

c. Procurement

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

d. Travel

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

e. Inventory controls

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

f. Personnel/Time and Attendance

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

g. Separation of duties

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

h. Financial statement review

<input checked="" type="checkbox"/>	YES
<input type="checkbox"/>	NO

13. What is the date of your agency's most recent:

a. Single Audit (if required) 12/31/2024

b. Financial Audit or Financial Review (please specify) 12/31/2024

14. Does your agency have a password-protected financial software system that provides records that can identify the source and application of funds for award-supported activities?

✓	YES
	NO

15. Does your system allow expenditures to be classified by the broad budget categories listed in the approved budget in your grant? (i.e. Personnel, Supplies and Operating, Travel, Equipment and Professional Services).

✓	YES
	NO

16. Does your agency reconcile grant information maintained outside your financial system to the agency's financial system at least quarterly?

✓	YES
	NO

17. Does your organization track and conduct a biennial physical inventory of grant funded equipment that identifies acquisition date, cost, vendor, property description, source of funding, who holds title, serial #, location, ultimate disposition data, percentage of Federal participation, and use and condition of property?

✓	YES
	NO

18. Does your agency have a process in place to, when mandated by a grant agreement, ensure covered individuals are suitable to interact with participating minors?

✓	YES
	NO

19. Has your agency ever been designated "high risk" by a federal grant-making agency outside of the Department of Justice?

	YES
✓	NO

20. Does your agency comply with all applicable provisions of 41 U.S.C. 4712 that prohibit, under specified circumstances, discrimination against an employee as reprisal for the employee's disclosure of information related to gross mismanagement of a federal grant or federal funds, abuse of authority relating to a federal grant, and/or a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal grant?

✓	YES
	NO

21. Does your agency have written procedures in place to respond in the event of an actual or imminent breach of personally identifiable information related to an OJP grant-funded program/activity or through the use of a Federal Information System that includes a requirement to report such breach to an OJP Program Manager no later than 24 hours after an occurrence of an actual breach, or the detection of an imminent breach?

✓	YES
	NO

RESPONSIBLE PARTIES

Department Name: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Anthony Weiss
ICAC POINT OF CONTACT
(PLEASE PRINT)

April 1723
SIGNATURE

Amanda Weiss
COMMAND LEVEL APPROVAL
(PLEASE PRINT)

Amanda Weiss
SIGNATURE

SONIA M STERANKO
FINANCIAL OFFICER
(PLEASE PRINT)

[Signature]
SIGNATURE

ICAC Point of Contact: The person who has direct responsibility for the implementation of the project. This person should combine knowledge and experience in the project area with ability to administer the project. He/She shares responsibility with the Financial Officer for seeing that all expenditures are within the approved budget.

Command Level: A command level officer in the organization with decision making authority to obligate the organization to follow the requirements of federal funding.

Financial Officer: The person who is responsible for all financial matters related to the program and who has responsibility for the accounting, management of funds, verification of expenditures, audit information and financial reports.

BUDGET REQUEST WORKSHEET

DEPARTMENT NAME

Douglas County Sheriff's Office

Purpose: The Budget Request Worksheet may be used as a guide to assist you in the preparation of the budget and narrative. All required information must be provided. **(Red text is just there to provide an example-Please delete and replace with request)**

A. Travel - Itemize travel expenses of project personnel by purpose (e.g., staff to training). Show the basis of computation (e.g., two people to 3-day training at \$x airfare, \$x Lodging, \$x subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

<i>Please rank 1-? With 1 being your number 1 priority purchase</i>	Purpose of Travel	Location	Item	Computation	Cost
2	ICAC Conference 2026 (Three Spots)	TBD	Airfare	Airfare (\$550) and Baggage Fees (\$25 x 2 = \$50) = \$600/flight x 3 trips = \$1,800	\$1,800.00
		TBD	Lodging	Lodging = 4 nights x \$276/night = \$1104 x 3 trips = \$3312.00	\$3,312.00
		TBD	Per Diem	Per Diem = \$92/ full day. 3 full days x \$92 = \$276 + 1 travel days at \$69.00 = \$69.00; \$345 per trip x 3 trips = \$1035.00	\$1,035.00
			Ground Transportation		
Sub-Total					\$ 6,147.00
1		Within the US	Airfare		
			Lodging		
			Per Diem		
			Ground Transportation		
Sub-Total					\$ -
Travel Sub-Total					\$ 6,147.00

B. Equipment: List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. Expendable items should be included in the "supplies" category. Explain how the equipment is necessary for the success of the project.

Item	Computation	Cost
Data Pilot Forensic Suite On scene acquisitions	\$4,995.00 x 2	\$9,990.00
		\$ -
Equipment Sub-Total		\$ 9,990.00

C. Supplies: List items by type costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Generally, supplies include any material that are expendable or consumed during the course of the project.

Item	Computation	Cost
Supplies Sub-Total		\$

D. Other Costs: List items (e.g., registrations)

Description	Computation	Cost
Other Costs Sub-Total		\$

Total Request		\$ 16,137.00
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Budget Summary: When you have completed the budget worksheet, transfer the totals for each category to the spaces below.

Budget Category:	Amount:		
A. Travel	\$6,147.00		
B. Equipment	\$9,990.00		
C. Supplies	\$0.00		
D. Other	\$0.00		
TOTAL PROJECT COSTS	\$16,137.00		