

## Organizational Assessment for Grantee

Organization Name  
[Organization Director]  
[Contact Name and Phone Number]

### INTRODUCTION

#### Internal Control Program

The objective of this self-assessment tool is to provide the City Auditor's Office with information for evaluating how funds provided were applied.

During future periods, we will be collecting information on those controls that your department has implemented to manage the risks you face, ensure compliance with laws and directives, and provide efficient operations

### TASK(S)

**Answer the following questions as thoroughly and as accurately as possible. Please take time to ensure you have thought through the question and how you will present your information. You may be asked to provide references at a later time to back up your answers.**

Your answers are very important to us!

### INQUIRY

Briefly describe (up to one or two paragraphs) the primary mission of your organization (the reason your organization exists).

Are there any important sub-missions or sub-objectives of your organization? List up to five and a one-sentence description of each.

How would someone else know with certainty that you accomplished your primary mission without you telling them so?

The same question as above for the sub-missions/objectives?/

## Organizational Assessment for Grantee

Organization Name  
[Organization Director]  
[Contact Name and Phone Number]

What major processes are significant to your organization? (Example: providing shelter, provide medical support, provide religious services, etc.)

How many filled FT and PT positions do you have right now?

How did the funds provided by the City of Gainesville help your organization achieve its objectives?