

**ADMINISTRATIVE READINESS QUESTIONNAIRE**

The purpose of this questionnaire is to help determine if a Sponsor is adequately equipped to administer EWP funds. If an applicant is not equipped, the applicant may be asked to retain the services of a qualified organization to assist in administering EWP funds. Please complete the entire questionnaire as candidly as possible. A copy of this questionnaire must be returned to the NRCS program manager before an EWP cooperative agreement will be executed with a Sponsor .

NRCS Contact Lori Ziehr	Phone Number 254-742-9871
Email Address lori.ziehr@tx.usda.gov	State Texas

Sponsor Fort Bend County	Contact Name Robert Ed Sturdivant, County Auditor
Street Address 301 Jackson St	Phone Number 281-341-3760
City/State Richmond, Texas	Email Tatyana.johnson@fortbendcountytexas.gov

1. Have you or your staff administered grants or loans from other federal programs in the past? **Yes**
2. Have you or your staff previously (check all that apply):
  - Completed actions in a competitive bidding process that was funded totally or in part with federal dollars.
  - Prepared a solicitation package for a project that included federal financial assistance funds and was developed in accordance with state law?
  - Obtained performance bonds from a contractor performing work under a contract funded totally or in part with federal dollars?
  - Administered contracts funded totally or in part with federal dollars?
3. Are you or your staff experienced with federal requirements related to (check all that apply):
  - Project funds, financial management and audit requirements
  - Real property acquisition or easements
4. Does your organization have a financial management system in place that meets the requirements of 2 CFR 200.302? **Yes**
5. Does your organization have an active system for award management (SAM) registration? **Yes**
6. Does your organization have procurement standards in place that meet the requirements of 2 CFR 200.317? **Yes**
7. Will you require assistance from an outside organization to meet these requirements? **No**

Sponsor Signature/Date	Name/Title KP George, County Judge
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