Agency Risk Assessment

Please select only one checkbox for each question.

Subrecipient Name:

Agreements and Contracts Information

Who at the agency ensures all policies are followed and that transactions are legitimate?

Name of person who has authority to ensure all policies are followed and that transactions are legitimate	
Title of person who has authority review contracts ensure all policies are followed and that transactions are legitimate	

Who at the agency has the legal authority to review and sign contracts?

Name of person who has authority to review and sign contracts	
Title of person who has authority to review and sign contracts	

Does the agency require documentation for management to override internal controls to authorize a transaction?	**Yes**	☐
	No	☐

If yes, please explain.

Is the entity new to operating or managing state and/or federal funds (has not done so within the past 5 years)?	**Yes**	☐
	No	☐

If yes, please explain.

Program Risk Information

Is the agency aware of requirements for sub-recipient monitoring in 2 CFR 200?	**Yes**	☐
	No	☐

If no, please explain.

Does the agency have written Human Resources (HR) policies and procedures in place? If so, please attach.	**Yes**	☐
	No	☐

Is this program new for the entity (managed for fewer than 3 years)?	**Yes**	☐
	No	☐

Has there been high staff turnover or agency reorganization that affects this program?	**Yes**	☐
	No	☐

Are the staff assigned to the program inexperienced with the program (worked with the program for less than 2 funding cycles)?	**Yes**	☐
	No	☐

Does the agency have a new Executive Director and/or new Financial Officer (within last 2 years)?	**Yes**	☐
	No	☐

Does the agency have an HR policy that identifies what a conflict of interest is to the entity?	**Yes**	☐
	No	☐
If yes, please explain and attach a copy of the policy.		

Does the agency/entity have or previously had a lawsuit(s) filed against them (within the last five years)?	**Yes**	☐
	No	☐
If yes, please explain.		

Has your agency been cited or penalized by any local, city, state, or federal official/department relating to work practices?	**Yes**	☐
	No	☐
If yes, please explain.		

Has any of the agency's staff been jailed, convicted of a felony, or are currently under criminal investigation?	**Yes**	☐
	No	☐
If yes, please explain.		

Is the agency/entity currently or previously been suspended or debarred? *If there are any findings on Sam.gov, federal funds cannot be expended to the sub-grantee.*	**Yes**	☐
	No	☐
If yes, please explain.		

Does the agency have or intend to engage with any partners/associates/sub-awardees to assist with the completion of this award?	**Yes**	☐
	No	☐
If yes, please explain.		

Financial Information

Is the agency a prime recipient of any federal funds?	**Yes**	☐
	No	☐
Does the agency receive ≥ 25% in non-Federal funding?	**Less than 25% in non-Federal Funding**	☐
	25% - 50% in non-Federal Funding	☐
	> 50% in non-Federal Funding	☐
If funded, what percentage of your total agency budget would this funding make up?	**Less than 25% of total agency budget**	☐
	25% - 50% of total agency budget	☐
	> 50% of total agency budget	☐
Non-Profits Only: Does the agency seek additional funding through regular fundraisers?	**Yes**	☐
	No	☐
	N/A	☐
If no, please explain.		

Does the agency have policies for obtaining financial authorizations?	**Yes**	☐
	No	☐
If yes, please explain and attach a copy of the policy.		

Does the agency have written accounting policies and procedures in place? If so, please attach.	**Yes**	☐
	No	☐

Does the agency have a financial management system in place to track and record the program expenditures? (ex: QuickBooks, Peachtree, or Custom Proprietary System)	**Yes**	☐
	No	☐

Does the accounting system identify the receipts and expenditures of program funds separately for each award?	**Yes**	☐
	No	☐

Does the agency have loans to help meet its cash needs?	**$0**	☐
	≤ $50,000	☐
	> $50,000	☐
If >$0, please explain.		

Is the agency delinquent in paying any obligations?	**Yes**	☐
	No	☐

In the past 3 years, has the agency been cited (via email or via letter) by any funders for delinquent program reports or delinquent invoices?	**Yes**	☐
	No	☐
If yes, please explain.		

In the past 3 years, has the agency ended up with unspent grant funds at the end of a grant year?	**Yes**	☐
	No	☐
If yes, please explain.		

Audit Information

Has it been more than one year since the agency received a single audit? (If required)	**Yes**	☐
	No	☐
If yes, please explain.		

Were there any audit findings?	**Yes, 5+**	☐
	Yes, 1 - 4	☐
	No	☐
If yes, please explain.		

If there were audit findings, were corrective actions implemented by the agency as a result?	**Yes**	☐
	No	☐
	N/A - there were no audit fundings	☐
Please explain both yes and no answers.		

Form Completed by:

	Name (please print)
	Signature
	Title
	Date