

Utah Department of Public Safety
Highway Safety Office

PRE-AWARD RISK ASSESSMENT FORM

Sub-grantee/Agency _____

Sub-grantee/Agency GEARS Application # _____

Project Title _____ **Funding Amount Requested** _____

Project Dates _____ **Review Date** _____

Person Completing Form _____

1. Determine if the sub-grantee had prior experience with same or similar grants or projects

- | | | |
|---|-----|----|
| a. Has the entity had federal or state grants similar to this award? | yes | no |
| b. Has the entity had at least 3 years' experience with federal grants? | yes | no |

2. Determine the results of previous audits

- | | | | |
|--|-----|----|----|
| a. Did the sub-grantee's fiscal agent receive a single audit (<i>in accordance with 2 CFR Part 200 Subpart F</i>)? | yes | no | NA |
| b. Was the same or similar grant or project audited last year? | yes | no | NA |
| c. Was the audit opinion unqualified (<i>did the outcome of the audit show complete and sound accounting methods</i>)? | yes | no | NA |

3. Determine if the sub-grantee has new personnel or new or substantially changed systems

- | | | |
|--|-----|----|
| a. Has the sub-grantee's staff remained unchanged during the previous year? | yes | no |
| b. Has the sub-grantee's organization remained unchanged during the previous year? | yes | no |
| c. Is the sub-grantee's accounting system the same as the previous year? | yes | no |

4. Determine the extent and result of Federal awarding agency monitoring (e.g. if the sub-grantee also receives federal awards directly from a federal awarding agency)

- | | | | |
|--|-----|----|----|
| a. Does the entity receive monitoring from a federal awarding agency? | yes | no | |
| b. Did the federal agency determine that there were no financial or compliance issues? | yes | no | NA |

5. Determine if the entity has been consistently on time and/or accurate in the submission of the following:

- | | | | | | |
|---------------------|-----|----|---------------------------|-----|----|
| a. Applications | yes | no | c. Revisions / Amendments | yes | no |
| b. Fiscal Reporting | yes | no | d. Activity Reports | yes | no |

Rating scale

0-3 No's	Sub-grantee is considered low risk for monitoring
4-7	Sub-grantee is considered medium risk for monitoring
8-14	Sub-grantee is considered high risk for monitoring

BASED ON THE RATING SCALE IN THE RISK ASSESSMENT FORM, SUB-GRANTEES WILL BE PLACED IN ONE OF THE FOLLOWING RISK AREAS:

NOTE: ACTIONS TAKEN IN HIGH AND MEDIUM RISK CATEGORIES WILL BE IN ADDITION TO STANDARD MONITORING PROCEDURES.

High Risk

- Schedule quarterly program and financial monitoring with UHSO staff.
- Require 100% documentation for reimbursement.
- Withhold full or partial payments pending single audit results or quarterly reports.
- Review the corrective actions and determine if subgrantee followed up on the corrective actions.
- Provide training and technical assistance on program-related matters.
- Consider whether the results of the audits et.al necessitate adjustments to the subgrantee's own records.
- Consider taking enforcement action against the non-compliant sub-grantee.

Medium Risk

- Schedule a financial review with the sub-grantee.
- Withhold full or partial payments pending single audit results or quarterly reports.
- Provide training and technical assistance on program related matter.

Low Risk

- Provide standard monitoring (Refer to Utah Highway Safety Office Policy II-13)

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RISK ASSESSMENT SUB-GRANTEE FOLLOW-UP

Sub-grantee/Agency _____

Sub-grantee/Agency GEARS Application # _____

Project Title _____

Project Dates _____ Review Date _____

Person Completing Form _____

Email: _____ Phone: _____

PLEASE PROVIDE DETAIL ON THE QUESTIONS WITH A CHECKED BOX.

1. Results of previous audits (*Refer to 2 CFR Part 200 Subpart F*)

- Please explain or attach documentation for qualified opinion (*did the outcome of the audit show incomplete and unsound accounting methods*)?

2. Does your agency have new personnel overseeing grant contracts with the Utah Highway Safety Office? Or are there new or substantially changed fiscal monitoring systems? *Yes / No If yes, please explain below*

- Please explain changes in your personnel during the previous year.
- Please explain changes in your organization during the previous year.
- Please explain changes in your accounting system during the previous year.

3. Did your agency receive monitoring from a Federal awarding agency? (e.g. if the sub-grantee also receives federal awards directly from a federal awarding agency) *Yes / No If yes, please explain below*

- Please explain any non- compliance issues.

4. What level of funding does your agency receive in federal pass-through, state, and local monies. check one:

<\$25,000
\$25,000-\$100,000

\$100,000-\$350,000
\$350,000-\$750,000

\$750,000 or more

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POST AWARD RISK ASSESSMENT PLAN

Sub-grantee/Agency _____

Sub-grantee/Agency GEARS Application # _____

Project Title _____ Funding Amount Awarded _____

Project Dates _____ Review Date _____

Person Completing Form _____

Problem

Corrective Action

Completion Date: _____

Responsible Party: _____