

**Traffic Safety Division**

**Pre-Award Risk Assessment Form**

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| **Sub recipient Name:** |  | | | **Program Manager:** | |  | |
| **Sub-award/Funding Program:** | | |  | | | | |
| **Sub-award Fiscal Year:** | |  | | | **Date:** | |  |

1. **Determine if the sub recipient had prior experience with same or similar sub-awards**

1. Does the sub recipient or coordinator have grant experience similar to this award? Yes No
2. Does the sub recipient or coordinator have at least 3 years’ experience with federal grants? Yes No

(If this is the first year the sub recipient is working this grant, the risk level is medium)

2. **Determine the results of previous audits**

1. Did the sub recipient receive a single audit in accordance with 2 CFR Part 200 Subpart F? Yes No N/A
2. Was the audit opinion unqualified? Yes No N/A
3. Is the audit clear of findings that concern the PM Yes No N/A (If no state your concerns below)

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3. **Determine if the sub recipient has new personnel or new or substantially changed systems**

1. Has the sub recipient’s Coordinator remained unchanged during the previous year? Yes No
2. Has the sub recipient’s Sheriff or Chief remained unchanged during the previous year? Yes No
3. Has the sub recipient’s accounting/tracking system remained unchanged during the previous year? Yes No

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4. **Determine if the sub recipient has been consistently on time and/or accurate in the submission of the following:**

1. Applications/Operational Plan submitted Yes No
2. Claims are received in a timely manner Yes No
3. Activity matches Operational Plan Yes No
4. Sub recipient has high activity rates Yes No
5. Reports/Claims have little to no discrepancies Yes No
6. Records reconcile with documentation Yes No
7. Sub recipient answers questions consistently/no evasive answers Yes No
8. Sub recipient has high moral and shows no difficulty in getting officers to sign up for activities Yes No
9. Sub recipient has had no unallowable costs Yes No
10. Sub recipient responds in a timely manner Yes No

**RATING SCALE** Total number of No’s checked above? \_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 0 –4 No’s | Sub recipient is considered low risk for monitoring | **LOW** |
| 5 – 13 No’s | Sub recipient is considered medium risk for monitoring | **MED** |
| 14 – 18 No’s | Sub recipient is considered high risk for monitoring | **HIGH** |

**Based on the rating scale in the Risk Assessment Form, subrecipients will be placed in one of the following risk areas:**

**High Risk**

1. Conduct a monitoring visit within the first three months of the start date of the project. Conduct an second and third monitoring visit thought the year.
2. Withhold full or partial funding pending single audit results, or monthly activity reports.
3. Review the corrective actions and determine if they followed up on the corrective actions.
4. Provide training and technical assistance on program related matter.

**Medium Risk**

1. Conduct a monitoring visit within the first six months of the project start date and follow up with a second monitoring visit through the year.
2. Withhold full or partial funding or payments pending monthly activity reports.
3. Provide training and technical assistance on program related matter.

**Low Risk**

1. Provide standard ongoing monitoring. Ongoing monitoring can occur daily, weekly or monthly. Weekly phone calls may be appropriate if there are problems. Monthly status meetings might be needed for complex projects. If problems are identified, the project could require quarterly review meetings between the Grantee and the PM or designee. This is left to the discretion of the PM and any additional monitoring requirements will be documented in the electronic correspondence file. PMs will rely on regular correspondence and the annual onsite or desk visit to handle routine project issues.