|  |  |  |  |
| --- | --- | --- | --- |
| **Subrecipient Name:** |  | **Completed by****Program Manager:** |  |
| **Sub-award/Funding Program:** |  |
| **Sub-award Fiscal Year:** |  | **Date:** |  |

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

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

(If this is the first year the subrecipient or coordinator is working this grant, the risk level is medium)

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

1. Did the subrecipient 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- In review
3. Is the audit clear of findings that concern the PM [ ] Yes [ ] No (If no state your concerns below)

|  |
| --- |
|  |
|  |

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

1. Has the subrecipient’s Coordinator remained unchanged during the previous year? [ ] Yes [ ] No
2. Has the subrecipient’s Management remained unchanged during the previous year? [ ] Yes [ ] No
3. Has the subrecipient’s accounting/tracking system remained unchanged during the previous year? [ ] Yes [ ] No

|  |
| --- |
|  |
|  |

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

1. Claims are received in a timely manner [ ] Yes [ ] No
2. Activity matches scope of work [ ] Yes [ ] No
3. Reports/Claims have little to no discrepancies [ ] Yes [ ] No
4. Records reconcile with documentation [ ] Yes [ ] No
5. Subrecipient answers questions consistently/no evasive answers [x] Yes [ ] No
6. Subrecipient has had no unallowable costs [ ] Yes [ ] No
7. Subrecipient responds in a timely manner [ ] Yes [ ] No

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

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