



Kevin W. Harper CPA & Associates

**SUBRECIPIENT RISK ASSESSMENT QUESTIONNAIRE –
PROGRAMMATIC RISK**

Answers from Program Manager

Instructions: This risk assessment shall be prepared by the Agency employee who functions as the program manager, providing program planning, technical assistance, review and evaluation functions; and is knowledgeable about the subrecipient being assessed (the “Program Manager”). Some questions will likely require communication with the subrecipient. The Program Manager is required to review and sign the completed risk assessment. A risk assessment should be completed for each federal program under which a subrecipient receives funds; thus a subrecipient may have more than one risk assessment. This risk assessment should be prepared for existing subrecipients; however, once a risk assessment has been prepared, it need only be updated if there are significant changes to the terms of the County’s contract.

Subrecipient Name _____

Federal Program Name _____

CFDA Number _____

**Completed by
Program Manager:** _____

Date: _____

1. Is the subrecipient experienced with the program (e.g., worked with the program for two years; managed federal funds in the past five years)?
Yes ___ No ___ N/A ___ Need to Research ___

COMMENTS _____

2. Has there been stability in subrecipient key personnel, systems and procedures during the past year?
Yes ___ No ___ N/A ___ Need to Research ___

COMMENTS _____

3. Has the subrecipient been timely during the past three years in the preparation and submission of:

		Yes	No	Not Applicable (N/A)	Need to Research
a.	Applications				
b.	Contracts and amendments				
c.	Budget requests and revisions				
d.	Invoicing (claims)				
e.	Fiscal reporting, including Budget vs Actual				
f.	Programmatic reports				

COMMENTS _____

4. Has the subrecipient had an on-site monitoring visit during the last three years?
 Yes___No___N/A___Need to Research___

COMMENTS _____

5. Was the subrecipient found to be in compliance with regulations during the County's prior visit, in any County corrective action plan, and/or in audits by other grantors?
 Yes___No___N/A___Need to Research___
Explain the number and extent of findings/violations in prior visit or attach descriptions of findings.

COMMENTS _____

6. Is the subrecipient in good legal standing, with no current or recent lawsuit(s) filed against them? *If lawsuits exist, request list of all pending and previous lawsuits, who filed the lawsuit, the reason for the lawsuit and the final judgment rendered. Attach description of information received about each lawsuit, or note as a compliance exception if the subrecipient fails to provide.*
 Yes___No___N/A___Need to Research___

COMMENTS _____

7. Is the subrecipient not included on the U.S. General Services Administration's suspended /debarred list (www.sam.gov)?

Yes ___ No ___ N/A ___ Need to Research ___

COMMENTS _____

8. Does the subrecipient's automated accounting system identify the receipts and expenditures of program funds separately for each award?

Yes ___ No ___ N/A ___ Need to Research ___

COMMENTS _____

9. Does the subrecipient have a time and accounting system to track labor costs by cost objective? Does the subrecipient have time distribution records (time studies) for all employees when his/her effort cannot be specifically identified to a particular program costobjective?

Yes ___ No ___ N/A ___ Need to Research ___

COMMENTS _____

10. List any concerns or risks with the subrecipient, unusual complexity in the program or its compliance requirements, or other risks not otherwise noted in this questionnaire.

COMMENTS _____

CERTIFICATION:

I, (Print Name) _____, the Program Manager, confirm that I have read the responses to this questionnaire and that, to the best of my knowledge and belief, the responses are complete and accurate. For each answer marked "Need to Research" herein, I understand that I am solely responsible to ensure that the missing information is provided expeditiously.

Signature: _____

Date: _____