

## Risk Assessment

**Subrecipient:**

**Grant: NHAP**

**Preparer:**

**Date:**

A risk assessment is required under 2 CFR 200.331(b) for any subawards made by DHHS. Please answer all questions about your agency and put an 'X' in the box that best fits; add comments where appropriate.

Overall Assessment				
<u>Question</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Comments</u>
Is your agency new to operating or managing state or federal funds?				
Is the program you are seeking funding for relatively new (i.e., within the last 5 years)?				
Is DHHS a new provider for your agency?				
Has there been high turnover of employees?				
Are the staff assigned to the program inexperienced with the program?				
Has your agency been untimely in the submission of:	<b><u>If response is yes, specify which program this occurred in</u></b>			
a. Applications (For any DHHS or Federal Application)				
b. Amendments (For any DHHS or Federal Amendments)				
c. Fiscal reporting (For any DHHS or Federal Fiscal Reporting)				
d. Draw downs (For any DHHS or Federal Draw Downs)				
e. Budget revisions (For any DHHS or Federal Budget Revisions)				
Has the entity been untimely in responding to questions from program?				
Are there programs within your agency that are complex, requiring funding challenges, unique matching requirements, etc.)?				
Has your agency received audit findings for lack of internal controls and/or effective procedures?				
Has your agency been disbarred or suspended?				

Monitoring Assessment				
Questions	Yes	No	N/A	Comments
Has it been more than 3 years since your agency had a site-visit from any DHHS program?				
Has it been over a year since your agency had a desk audit from any DHHS program?				
Were there any findings or concerns based on-site reviews or desk audits of the entity?				
Has it been more than one year since audited financial statements have been received from your agency to DHHS?				
Has your agency been untimely in submitted audited financial statements?				
Is your agency not required to have an A-133 (Single Audit) done?				
If audited as a major program, have there been findings?				
Did the agency have overall findings?				
Were there items to discuss/resolve with the agency?				
Has your agency been listed as a Required Increase Monitoring Subrecipient with any DHHS program funder?				
Does your agency have trouble meeting its cash needs?				
Grant/Expenditure Assessment				
Questions	Yes	No	N/A	Comments
Is the grant large in terms of percentage of overall funding for your agency?				
Is there any concerns of your agency's ability to meet grant requirements?				
Have there been variations between expenditures and the budget?				
Has there been inadequate supporting documentation of expenditures provided?				
Has your agency been untimely in the drawdown of funds?				