

**Programmatic Risk Assessment Questionnaire**  
**5/13/16**

*Instructions:* Please fill out the following questionnaire and return it to \_\_\_\_\_

Date Completed: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Project Name(s): \_\_\_\_\_  
\_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

Purpose

The purpose of this assessment is to evaluate the programmatic risk of the applicant. Programmatic risk is a measure of how prepared a grant applicant is to complete the deliverables in their project. Limited program experience, protocols, and [internal controls](#) (i.e., organizational operating procedures) governing program delivery will increase an applicant's degree of risk but will not preclude the applicant from becoming a grantee. The applicant's degree of risk may require additional conditions to be incorporated into the grant award pursuant to [2 CFR 200.207](#).

In response to the requirements of [2 CFR 200.205](#), the awarding agency is required to review the programmatic risk posed by applicants. Five risk categories are assessed through this questionnaire:

- 1. Quality of management systems and ability to meet the management standards**
- 2. History of performance**
- 3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit**
- 4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.**
- 5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)**

Patterns or trends in programmatic risk will influence [Grant Accountability and Transparency Act \(GATA\)](#) training for grantees as well as the agency's monitoring plan. The Grant Accountability and Transparency Unit (GATU) and the agency will provide appropriate support to build grantee capacity.

Process:

- A. Complete and return this completed questionnaire to the agency.
- B. The agency will score the questionnaire based on the responses that you provide.
- C. The calculated responses equate to a risk profile for each of the 5 risk categories. The agency aligns the risk profile to the applicable specific condition(s) for medium and high risk applicants in each of the 5 risk categories.
- D. The agency will communicate the applicable specific condition(s) within the Notice of State Award.

**1. Quality of management systems and ability to meet the management standards**

1.1. Do you have written policies and procedures that guide program delivery on the topics of:

- a. Quality assurance  YES  NO
- b. Outcome tracking and reporting mechanisms  YES  NO
- c. Relevant documentation of services/goods delivered  YES  NO
- d. Staff performance management policies and procedures  YES  NO
- e. Personnel policies and procedures that include conflict of interest statements  YES  NO
- f. Complaint/grievance resolution policies and procedures  YES  NO
- g. Governing body policies and procedures that include conflict of interest statements  YES  NO
- h. Safeguarding funds, property and other assets against loss from unauthorized use or disposition  YES  NO
- i. Management of grant term extensions, where applicable  YES  NO

1.2. Do you have internal controls that govern program delivery on the topics of:

- a. Quality assurance reporting  YES  NO
- b. Appropriate (to industry) supervision of staff  YES  NO
- c. Unit costs analysis and management  YES  NO
- d. Accreditation/licensing compliance program  YES  NO  NOT APPLICABLE

1.3. Does the organization have written standards of conduct covering real or perceived conflict of interest related to actions of employees engaged in the selection, award or administration of contracts supported by grant awards?  YES  NO

1.4. How many years of experience does the project leader have managing the scope of services required under this program?

- More than five years (low risk)
- One to five years (medium risk)
- Less than one year (high risk)

1.5. Does the organization have a time and effort system that:

- a. Records all time worked, including time not charged to awards?  YES  NO
- b. Is signed-off by the employee and a supervisor?  YES  NO
- c. Includes an [approved methodology](#)?  YES  NO  NOT APPLICABLE

Question is not applicable because grants are based on a set rate or a per unit of service. Go to question 1.6.

1.6. Does the organization have controls for invoicing grants paid based on a rate or unit of service?

- YES  NO

1.7. Does the organization apply the same standard for match requirements as it does for expenses?

- YES  NO  NOT APPLICABLE - WE'VE NOT BEEN SUBJECT TO MATCH REQUIREMENTS

1.8. To what extent are you able to produce periodic grant status reports to inform stakeholders about program outcomes?

- Reports are an established part of grant management procedures (low risk)  
 We're developing reports as part of grant management procedures (medium risk)  
 We do Not currently have established reports as part of grant management (high risk)

2. **History of performance** (The applicant's record in managing grant awards, if it is a prior recipient of awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards)

2.1. How many years of experience does your organization have with grants of comparable scope and/or capacity?

- More than five years (low risk)  
 One to five years (medium risk)  
 Less than one year (high risk)  
 No experience (high risk) GO TO QUESTION 4.1

2.2. If your organization has experience with grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year:

2.3. During your last two fiscal years, how frequently has your organization submitted project performance reports on time?

- Always (low risk)  
 Reported late up to three times (medium risk)  
 Reported late four or more times (high risk)  
 not applicable – not a requirement of awards previously received

2.4. Have there been any significant changes in your organization in the last fiscal year related to:

- a. Leadership change(s)  YES  NO  
b. Significant program / grant initiative(s)  YES  NO  
c. Structural changes  YES  NO

- d. Fiscal changes  YES  NO
- e. Statutory or regulatory requirements  YES  NO
- f. Other  YES  NO

2.5. Provide a brief explanation for all "YES" responses to question 2.4.

2.6. Does the organization utilize a sub-grantee/sub-recipient / sub-award to manage, administer or complete a project?  YES  NO If no, go to question 2.10.

2.7. What responsibilities does the sub-grantee/sub-recipient/sub-award perform?

- a. Participant eligibility determination  YES  NO
- b. Performance reporting  YES  NO
- c. Program delivery functions  YES  NO
- d. Financial reporting  YES  NO
- e. Other \_\_\_\_\_  YES  NO

2.8. What percentage of grant funds does the organization pass on to sub-grantees/sub-recipients/sub-awards?

- Less than 10% (low risk)
- 10-20% (medium risk)
- More than 20% (high risk)

2.9. Does your organization have an implemented policy for sub-grantee monitoring?  YES  NO

If no, go to 2.10. If yes, does it include:

- on-site review (low risk)
- review of prior monitoring (low risk)
- desk / quantitative review (medium risk)

2.10. Do you obtain prior written approval from the funding agency when:

- a. The scope or objective of the program changes  YES  NO
- b. Key personnel specified in the application change  YES  NO
- c. The approved project director disengages for more than 3 months or reduces 25% of time devoted to the project  YES  NO
- Question is not applicable because organization has not been subject to these requirements

2.11. Does your organization have performance measurements that tie to financial data?  YES  NO

**3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit**

3.1. During the last two fiscal years, has your organization been out of compliance with *programmatic* terms and conditions of awards?

- Organization has not been audited; Go to Question 3.6
- No occurrences of non-compliance; Go to Question 3.6 (low risk)
- One to three occurrences of non-compliance (medium risk)
- Four or more occurrences of non-compliance (high risk)

3.2. If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence.

3.3. Have corrective actions been implemented within the specified timeframe?  YES  NO

3.4. Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open.

3.5. Have there been conflict of interest-related findings within the last two fiscal years?  YES  NO

- a. If no, go to question 3.6. (low risk)
- b. If yes, specify the conflict of interest-related finding and your response to the finding.

3.6. Has your organization been subject to conditional approvals due to program issues?  YES  NO

- a. If no, to go question 4.1.
- b. If yes, specify the terms of the special condition and whether or not the special condition is still applicable.

**4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.**

4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (allowable)?

- Policies are implemented and followed (low risk)
- Policies are not fully implemented (high risk)
- The organization does not currently have these types of policies (high risk)

4.2. To what extent does your organization have policies to ensure programmatic activities are allowable?

- Policies are implemented and followed (low risk)
- Policies are not fully implemented (high risk)
- The organization does not currently have these types of policies (high risk)

4.3. To what extent is your organization able to comply with all statutory requirements of this program?

- Fully able to comply with all statutory requirements (low risk)
- With the following exception(s), the organization is able to comply: (medium to high risk depending on the exceptions)

4.4. Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years?  YES  NO

If YES, provide explanation.

## 5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)

### 5.1. Federal Grant Administration Capability: Please answer as accurately as possible.

- A. Does your accounting system allow for tracking of expenditures to a specific funding source or grant?  
 YES  NO  UNSURE
- B. Does your accounting system allow for tracking of expenditures to a particular budget line item in your grant (e.g. Fringe, Contract, Supplies, etc.)?  
 YES  NO  UNSURE
- C. Do employees who work on grant-funded projects record actual time spent on each particular grant?  
 YES  NO  UNSURE
- D. Does your organization have a written travel policy for employees  YES  NO  UNSURE
- E. Does your organization have a written procurement policy? YES NO  UNSURE
- F. [OPTIONAL] Provide additional explanation for answers in section 5.1.

**5.2. Usability Survey:** The following questions are for informational purposes only and will not impact your risk level or funding decision. The Programmatic Risk Assessment Questionnaire is a new form as of June 2016, and is required by the [State of Illinois Grant Accountability and Transparency Unit](#). We would like your feedback on this form to assist us in improving and streamlining the questions and the process. Thank you!

- A. Is this the first time that you have encountered this questionnaire?  YES  NO  UNSURE

If you have filled out this questionnaire before, how many times? \_\_\_\_\_

- B. Approximately how long (in minutes) did it take you to fill out this questionnaire? \_\_\_\_\_

C. Please answer the following on a scale of 1 to 5

How difficult (1), or easy (5) did you find filling out this questionnaire?

Very Difficult

Very Easy

1

2

3

4

5

Did the questions provide too little (1), or too much (5) detail or context?

Too Little

Just Right

Too Much

1

2

3

4

5

How hard to understand (1), or clear (5) did you find the wording of questions in this questionnaire?

Very Hard to Understand

Very Clear

1

2

3

4

5

How hard to understand (1), or clear (5) did you find the terminology in this questionnaire?

Very Hard to Understand

Very Clear

1

2

3

4

5

How difficult (1) or easy (5) was it for you to provide the information needed to complete this questionnaire?

Very Difficult

Very Easy

1

2

3

4

5

How unclear (1) or clear (5) is your understanding of how this form will be used to evaluate your organization's programmatic risk?

Unclear

Very Clear

1

2

3

4

5

Which section, (1-4), of the questionnaire was most difficult to complete, and why?



Which section, (1-4), of the questionnaire was easiest to complete, and why?

5.4. Please provide additional feedback regarding your experience filling out the Programmatic Risk Assessment Questionnaire in the space/box below. Please note that this will not impact our risk level findings or funding decision regarding your proposal.

**Certification Section** - I certify that the responses provided on this Programmatic Risk Assessment Questionnaire are true and accurate and that all occurrence of non-compliance with programmatic requirements addressed through this questionnaire have been disclosed.

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Authorized Signature

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Date

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Name (Printed)

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Title