

**Programmatic Risk Assessment Questionnaire
FY24**

**A separate Programmatic Risk Assessment
is required for each grant application. Responses must be program specific.**

Program Associated with this Programmatic Risk Assessment:	
Applicable CFR or state citation:	
Awarding State Agency:	
Entity Completing Programmatic Risk Assessment:	
Individual Completing Programmatic Risk Assessment:	
Contact Information for Completer (Phone and Email):	

To comply with federal risk assessment requirements of 2 CFR 200.205, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this programmatic risk assessment questionnaire to comply with the federal requirements.

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. Program outcome tracking and reporting mechanisms..... YES/ NO
- b. Relevant documentation of services/goods delivered..... YES/ NO
- c. Staff management policies and procedures..... YES/ NO
- d. Standards of conduct re: selection, award or administration of grants YES/ NO
- e. Real or perceived conflict of interest re: selection, award or administration of grants..... YES/ NO
- f. Complaint/grievance resolution policies and procedures..... YES/ NO
- g. Safeguarding funds, property and other assets against loss from unauthorized use of disposition YES/ NO
- h. Management of grant terms YES/ NO
- i. Written approval from funding agency when key personnel change..... YES/ NO
- j. Written approval from funding agency when program scope changes YES/ NO
- k. Participant eligibility, if applicable YES/ NO / NOT APPLICABLE

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

- a. Quality assurance reporting..... YES/ NO
- b. Unit costs, expense analysis/management YES/ NO
- c. Accreditation/licensing compliance program YES/ NO

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

- More than five years
- One to five years
- Less than one year

1.4 Does the organization have a time and effort system to track program-specific work performed? YES/ NO

If “No”, go to question 1.5.

If “Yes”:

- a. Does the system record all time worked, including time not charged to awards? YES/ NO
- b. Does the system include sign-off by the employee and supervisor? YES/ NO

1.5 Are program payments based on a rate or unit of service? YES/ NO

If “No”, go to question 1.6.

If “Yes”:

- a. Does the organization have written procedures to ensure accurate invoicing? YES/ NO
- b. Does a second person sign-off on the invoice? YES/ NO

1.6 Does the program have a match or related requirements? YES/ NO

If “No”, go to question 1.7.

If “Yes”:

a. Does the organization have written procedures for match reporting?..... YES/ NO

b. Does a second person sign-off on match reporting? YES/ NO

1.7 Is the organization prepared to utilize periodic performance reports to communicate program outcomes? Select one only.

Performance reports are an established part of grant management procedures.

Performance data reporting is being developed as part of grant management procedures.

We do not currently report performance data within our grant management.

2. History of Performance

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

More than five years

One to five years

Less than one year

No experience, go to question 3.3.

2.2 If your organization has received 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 the organization submitted project performance reports on time?

Always

Reported late up to three times.

Reported late four or more times.

Not applicable – not a requirement of awards previously received.

2.4 Does your organization have performance measurements that tie to financial data? YES/ NO

2.5 Have there been any significant changes in your organization in the last fiscal year related to program delivery?

a. Management/leadership personnel YES/ NO

b. Reorganization or parent/subsidiary relationships YES/ NO

c. Significant changes in programs/grants funded YES/ NO

d. Statutory or regulatory requirements imposed on your organization type YES/ NO

2.6 Provide a brief explanation for all “YES” responses to question 2.5.

2.7 Will a sub-grantee/sub-recipient/sub-award be utilized to manage, administer or complete the project?..... YES/ NO

If “No”, skip the remainder of this section and go to question 3.1.

2.8 What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this program?

a. Participant eligibility determination YES/ NO

b. Case Management YES/ NO

c. Performance reporting YES/ NO

d. Financial reporting YES/ NO

e. Invoicing..... YES/ NO

f. Other _____ YES/ NO

2.9 What percentage of grant funds does the organization anticipate passing to sub-grantees/sub-recipients/sub-awards?

- Less than 10%
- 10-20%
- More than 20%

2.10 Does your organization have an implemented policy for sub-grantee/sub-recipient monitoring? YES/ NO

If “Yes”, does it include:

- On-site review
- Review of prior monitoring and desk/quantitative review
- Review of prior monitoring only
- Desk/quantitative review only

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
- One to three occurrences of non-compliance
- Four or more occurrences of non-compliance

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 findings regarding conflict of interest within the last two (2) fiscal years? YES/ NO

If “No”, go to question 3.6.

If “Yes”, specify the finding and your response to the finding:

3.6. Has your organization even been subject to specific conditions due to program issues?..... YES/ NO

If “No”, to go question 4.1.

If “Yes”, specify the specific condition, why it was imposed, and whether or not it is still applicable:

4. Applicants’ 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 (sensible)?

- Policies are implemented and followed.
- Policies are implemented, but not consistently followed.
- Policies are being implemented.
- The organization does not currently have these types of policies.

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

- Policies are implemented and followed.
- Policies are implemented, but not consistently followed.
- Policies are being implemented.
- The organization does not currently have these types of policies.

4.3. 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 an explanation:

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

- Fully able to comply with all statutory requirements
- With the following exception(s), the organization is able to comply:

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

5.1. Does the organization have any SPR funded projects in progress? YES/ NO

If “No”, skip the remainder of this section.

If “Yes”, how many:

5.2. For each SPR funded project, indicate the level of completion.

5.3. Does The organization have any delayed SPR projects? YES/ NO

If “No”, skip the remainder of this section.

5.4. For every delayed project, indicate the reason for the delay.

Certification Section – By signing this questionnaire (**Electronic Signature Accepted**), I certify to the best of my knowledge and belief that the responses are true, complete and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (2 CFR 200.415)

Authorized Signature

Date