**RISK ASSESSMENT WORKSHEET**

| Subrecipient Name |  | Period of Review |  |
| --- | --- | --- | --- |
| Last On-Site Review |  | Last Single Audit |  |
| Grant Number |  | Grant Amount |  |
| Completed By |  | Date Completed |  |

| **Instructions: Each section can only be marked once. Low Risk = 1, Medium Risk = 2, and High Risk = 3.** |
| --- |
| Criteria | Low Risk | Medium Risk | High Risk | SCORE |
|  | Description | Score (1) | Description | Score (2) | Description | Score (3) |  |
| 1. GENERAL ASSESSMENT
 | Min 4Max 12 |
| 1a | Organization Experience  | Entity has continuous experience managing federal or San Diego Workforce Partnership funds for the past 5 or more years |[ ]  Entity has 2 to 4 years recent experience managing federal or the Workforce Partnership funds |[ ]  Entity is new or has less than 2 years’ experience managing federal or he Workforce Partnership funds |[ ]   |
| Entity’s Comments, if any |
| 1b | Responsiveness | Entity has submitted budget modification requests to the Workforce Partnership as well as Single Audit inquiries timely, if applicable  |[ ]  Entity has periodically submitted budget modification requests to the Workforce Partnership as well as Single Audit inquiries in an untimely manner, if applicable |[ ]  Entity frequently submits budget modification requests to the Workforce Partnership as well as Single Audit inquiries late or is non-responsive, if applicable |[ ]   |
| Entity’s Comments, if any:  |
| 1c | Overall Staffing  | Turnover less than 10% and no staff reduction  |[ ]  Turnover over 10% to 30% and/or staff reduction under 10% |[ ]  Turnover greater than 30% and/or staff reduction greater than 10% |[ ]   |
| Entity’s Comments, if any:  |
| 1d | Written Procedures | Entity demonstrated effective financial procedures covering major topics or objectives from the Workforce Partnership Operations Manual and/or Federal Uniform Guidance |[ ]  Minor updates or current modifications to enhance existing financial procedures  |[ ]  No written financial procedures or inadequate  |[ ]   |
| Entity’s Comments, if any:  |
| Total General Assessment Score |  |

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| Criteria | Low Risk | Medium Risk | High Risk | SCORE |
|  | Description | Score (1) | Description | Score (2) | Description | Score (3) |  |
| 1. LEGAL ASSESSMENT
 | Min 3Max 9 |
| 2a | Complaints or Incident Reports | No active complaints or incident reports |[ ]  Entity had a complaint or incident in the last 3 years that resulted in an investigation |[ ]  Entity has a current complaint or active Workforce Partnership or State/Federal investigation  |[ ]   |
| Entity’s Comments, if any: |
| 2b | Other Investigations | Not aware of any legal issues involving staff that would have an effect on fiscal results |[ ]  One or more staff has been jailed or convicted of a felony but was more than 3 years ago |[ ]  One or more staff has been jailed, convicted of a felony or is currently under criminal investigation  |[ ]   |
| Entity’s Comments, if any: |
| 2c | Entity Lawsuits | No lawsuits have been filed against entity |[ ]  Lawsuits identified but are minor in nature |[ ]  Lawsuits identified and are considered a substantial audit risk  |[ ]   |
| Entity’s Comments, if any: |
| Total Legal Assessment Score |  |

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| **Criteria** | **Low Risk** | **Medium Risk** | **High Risk** | **SCORE** |
|  | **Description** | **Score (1)** | **Description** | **Score (2)** | **Description** | **Score (3)** |  |
| 1. MONITORING/AUDIT ASSESSMENT
 | Min 5Max 15 |
| 3a | Number of years since entity had an on-site monitoring visit  | One |[ ]  Two |[ ]  Three or more |[ ]   |
| Entity’s Comments, if any: |
| 3b | Prior monitoring findings  | No significant findings for the past 3 years |[ ]  Significant or unresolved findings in the past 2 years |[ ]  Significant or unresolved findings annually |[ ]    |
| Entity’s Comments, if any: |
| 3c | Period since last Single Audit (if applicable) | 1 year |[ ]  N/A |[ ]  More than a year |[ ]   |
| Entity’s Comments, if any: |
| 3d | Significant Deficiencies or Material Weaknesses | Single Audits and/or GAAP for any of the last 3 years did NOT contain either significant deficiencies or material weaknesses |[ ]  Single Audits and/or GAAP for any on the last 3 years contained either significant deficiencies or material weaknesses |[ ]  Single Audits and/or GAAP for each of the last 3 years contained either significant deficiencies or material weaknesses  |[ ]   |
| Entity’s Comments, if any: |
| 3e | High-Risk Designation or Reimbursements | Entity has not been on High-Risk or Reimbursement within the past 3 years |[ ]  Entity was released from High-Risk or Reimbursement within the past 3 years |[ ]  Entity is currently on High-Risk designation or on reimbursement  |[ ]   |
| Entity’s Comments, if any: |
| Total Monitoring/Audit Assessment Score  |  |

| I**nstructions: Each criterion can only be marked once. Low Risk should be marked as 1, Medium Risk as 2, and High Risk as 3.** |
| --- |
| **Criteria** | **Low Risk** | **Medium Risk** | **High Risk** | **SCORE** |
|  | **Description** | **Score (1)** | **Description** | **Score (2)** | **Description** | **Score (3)** |  |
| 1. FINANCIAL STABILITY ASSESSMENT
 | Min 6Max 18 |
| 4a | Accounting System  | Accounting system is effective and provides receipts, expenditures, and obligations by grant |[ ]  Accounting system is limited in capturing receipts, expenses, and obligations by grant |[ ]  Accounting system cannot capture receipts, expenses, and obligations by grant |[ ]   |
| Entity’s Comments, if any: |
| 4b | Cost & Time & Effort Tracking  | System is effective in tracking costs and time spent on grants and projects |[ ]  System is open to manual adjustments, application is not consistent or needs improvement |[ ]  There is an overall lack of effective time and effort reporting and tracking of costs by project or grant  |[ ]   |
| Entity’s Comments, if any: |
| 4c | Internal Controls  | Entity has an approved indirect cost rate or a written and current cost allocation plan  |[ ]  Entity is in the process of receiving a new indirect cost rate or updating its cost allocation plan  |[ ]  Entity does not have either an approved indirect cost rate or a written cost allocation plan  |[ ]   |
| Entity’s Comments, if any: |
| 4d | Cost Reimbursement Invoicing & Cash Management | Entity has an effective control system that provides reasonable but not absolute assurance for the safeguarding of assets, the reliability of financial information, and the compliance with laws and regulations.  |[ ]  Entity has an effective control system but has limited staff in the authorization, recording, and handling of transactions or assets |[ ]  Entity does not have an effective control system in place. Certain staff persons are allowed to perform the authorization, recording, and handling of transactions and assets |[ ]   |
| Entity’s Comments, if any:  |
| 4f | Budget Controls | Entity employs budget control mechanism through its accounting system and information is routinely shared with program staff  |[ ]  Entity either does not employ budget control mechanisms through its accounting system or routinely shares budgets with program staff  |[ ]  Entity does not have any budget control mechanisms in place |[ ]   |
| Entity’s Comments, if any: |
| 4h | Line of Credit/Late Bills/Bankruptcy  | Entity does not use a line of credit to pay its bills, bills are paid on time and no bankruptcy has been filed  |[ ]  Entity periodically uses its line of credit and has not filed for bankruptcy in the last 3 years  |[ ]  Entity has exhausted its line of credit, is late paying its bills and/or has filed for bankruptcy in the last 3 years  |[ ]   |
| Entity’s Comments, if any: |
| Total Financial Stability Assessment Score |  |