**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 4  Max 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 3  Max 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 5  Max 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 6  Max 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 | | | | | | | | | |  |