

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	<input type="checkbox"/>	Entity has 2 to 4 years recent experience managing federal or the Workforce Partnership funds	<input type="checkbox"/>	Entity is new or has less than 2 years' experience managing federal or he Workforce Partnership funds	<input type="checkbox"/>	
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	<input type="checkbox"/>	Entity has periodically submitted budget modification requests to the Workforce Partnership as well as Single Audit inquiries in an untimely manner, if applicable	<input type="checkbox"/>	Entity frequently submits budget modification requests to the Workforce Partnership as well as Single Audit inquiries late or is non-responsive, if applicable	<input type="checkbox"/>	
Entity's Comments, if any:								
1c	Overall Staffing	Turnover less than 10% and no staff reduction	<input type="checkbox"/>	Turnover over 10% to 30% and/or staff reduction under 10%	<input type="checkbox"/>	Turnover greater than 30% and/or staff reduction greater than 10%	<input type="checkbox"/>	
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	<input type="checkbox"/>	Minor updates or current modifications to enhance existing financial procedures	<input type="checkbox"/>	No written financial procedures or inadequate	<input type="checkbox"/>	
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)		
2. LEGAL ASSESSMENT								Min 3 Max 9
2a	Complaints or Incident Reports	No active complaints or incident reports	<input type="checkbox"/>	Entity had a complaint or incident in the last 3 years that resulted in an investigation	<input type="checkbox"/>	Entity has a current complaint or active Workforce Partnership or State/Federal investigation	<input type="checkbox"/>	
Entity's Comments, if any:								
2b	Other Investigations	Not aware of any legal issues involving staff that would have an effect on fiscal results	<input type="checkbox"/>	One or more staff has been jailed or convicted of a felony but was more than 3 years ago	<input type="checkbox"/>	One or more staff has been jailed, convicted of a felony or is currently under criminal investigation	<input type="checkbox"/>	
Entity's Comments, if any:								
2c	Entity Lawsuits	No lawsuits have been filed against entity	<input type="checkbox"/>	Lawsuits identified but are minor in nature	<input type="checkbox"/>	Lawsuits identified and are considered a substantial audit risk	<input type="checkbox"/>	
Entity's Comments, if any:								
Total Legal Assessment Score								

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	Description	Score (1)	Description	Score (2)	Description	Score (3)		
3. MONITORING/AUDIT ASSESSMENT								Min 5 Max 15
3a	Number of years since entity had an on-site monitoring visit	One	<input type="checkbox"/>	Two	<input type="checkbox"/>	Three or more	<input type="checkbox"/>	

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	Description	Score (1)	Description	Score (2)	Description	Score (3)		
Entity's Comments, if any:								
3b	Prior monitoring findings	No significant findings for the past 3 years	<input type="checkbox"/>	Significant or unresolved findings in the past 2 years	<input type="checkbox"/>	Significant or unresolved findings annually	<input type="checkbox"/>	
Entity's Comments, if any:								
3c	Period since last Single Audit (if applicable)	1 year	<input type="checkbox"/>	N/A	<input type="checkbox"/>	More than a year	<input type="checkbox"/>	
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	<input type="checkbox"/>	Single Audits and/or GAAP for any on the last 3 years contained either significant deficiencies or material weaknesses	<input type="checkbox"/>	Single Audits and/or GAAP for each of the last 3 years contained either significant deficiencies or material weaknesses	<input type="checkbox"/>	
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	<input type="checkbox"/>	Entity was released from High-Risk or Reimbursement within the past 3 years	<input type="checkbox"/>	Entity is currently on High-Risk designation or on reimbursement	<input type="checkbox"/>	
Entity's Comments, if any:								
Total Monitoring/Audit Assessment Score								

Instructions: 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)		
4. FINANCIAL STABILITY ASSESSMENT								Min 6 Max 18
4a	Accounting System	Accounting system is effective and provides receipts, expenditures, and obligations by grant <input type="checkbox"/>	Accounting system is limited in capturing receipts, expenses, and obligations by grant <input type="checkbox"/>	Accounting system cannot capture receipts, expenses, and obligations by grant <input type="checkbox"/>				
Entity's Comments, if any:								
4b	Cost & Time & Effort Tracking	System is effective in tracking costs and time spent on grants and projects <input type="checkbox"/>	System is open to manual adjustments, application is not consistent or needs improvement <input type="checkbox"/>	There is an overall lack of effective time and effort reporting and tracking of costs by project or grant <input type="checkbox"/>				
Entity's Comments, if any:								
4c	Internal Controls	Entity has an approved indirect cost rate or a written and current cost allocation plan <input type="checkbox"/>	Entity is in the process of receiving a new indirect cost rate or updating its cost allocation plan <input type="checkbox"/>	Entity does not have either an approved indirect cost rate or a written cost allocation plan <input type="checkbox"/>				
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. <input type="checkbox"/>	Entity has an effective control system but has limited staff in the authorization, recording, and handling of transactions or assets <input type="checkbox"/>	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 <input type="checkbox"/>				
Entity's Comments, if any:								

Instructions: 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)	
4f	Budget Controls	Entity employs budget control mechanism through its accounting system and information is routinely shared with program staff	<input type="checkbox"/>	Entity either does not employ budget control mechanisms through its accounting system or routinely shares budgets with program staff	<input type="checkbox"/>	Entity does not have any budget control mechanisms in place	<input type="checkbox"/>	
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	<input type="checkbox"/>	Entity periodically uses its line of credit and has not filed for bankruptcy in the last 3 years	<input type="checkbox"/>	Entity has exhausted its line of credit, is late paying its bills and/or has filed for bankruptcy in the last 3 years	<input type="checkbox"/>	
Entity's Comments, if any:								
Total Financial Stability Assessment Score								