

RISK ASSESSMENT EVALUATION

Subrecipient Name: _____

Assessment Completed By: _____

Assessment Approved By: _____

Date Approved: _____

Grant Name(s) - CFDA(s) applicable to subrecipient	<input type="checkbox"/> CSBG – 93.569	<input type="checkbox"/> LIHEAP – 93.568
Date of last monitoring visit (if applicable):	Click here to enter text.	Click here to enter text.

RISK ASSESSMENT	CSBG	LIHEAP
1. Has the subrecipient's key personnel (i.e., ED/CEO, Deputy/COO, CFO/Fiscal Dir., HR, Planner, etc.) changed since the last monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have more than two funding cycles (CSBG) or one funding cycle (LIHEAP) passed since the subrecipient had an on-site monitoring visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were there findings/violations from the last monitoring that indicate a higher level of risk*, or were there recurring unresolved findings reported from previous monitoring? *Findings indicating a higher level of risk may be result of a DHCD monitoring visit or outside audit (e.g. Office of the Inspector General, State Auditor, and Government Accounting Office). High risk findings include those that could have significant impact on subrecipient's program compliance, including client/vendor payments, eligibility determinations, and benefits received.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the subrecipient new to operating these program funds for DHCD (has not done so within the past year)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did the subrecipient fail to submit the Single Audit report to DHCD within 9 months of the end of the subrecipient's fiscal year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Were there any findings reported in the most recent Single Audit report (see Summary of Auditor's Results page included in the attached Single Audit Report)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any "YES" responses were selected in the applicable Grant column, the subrecipient's assessment should be "High Risk"	<input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk
If a "YES" response was selected but subrecipient is not considered to be "High-Risk," please explain:		
Based on results of this assessment and other factors, type of monitoring to be performed:	<input type="checkbox"/> Desk Review <input type="checkbox"/> On-site <input type="checkbox"/> Both	<input type="checkbox"/> Desk Review <input type="checkbox"/> On-site <input type="checkbox"/> Both