**Division of Aging and Adult Services**

**Risk Evaluation Matrix**

Subrecipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Risk Level |
| Low Risk | Moderate Risk | High Risk | Evaluation |
| Criteria | Description | Rank | Description | Rank | Description | Rank | Score |
| **1. Staff Qualifications:**  |
| Staff Qualifications | Staff in key positions have 3 or more years of experience in the position. | 1 | Staff in key positions have 1 to 3 years experience in the position. | 2 | Staff in key positions have less than 1 year of experience in the position. | 3 |  |
|  | Staff in key positions have the necessary knowledge, skills, and abilities to perform the job duties. | 1 | Staff in key positions have some but not all necessary knowledge, skills, and abilities to perform the job duties.  | 2 | Staff in key positions lack the necessary knowledge, skills, and abilities to perform the job duties.  | 3 |  |
| Staff Turnover | No change in staff in key positions in 2 or more years. | 1 | No change in staff in key positions in less than 2 years.  | 2 | New or no staff in key positions in less than 1 year.  | 3 |  |
| **2. History of Meeting Requirements:** |
| Program | Agency has provided services and met all program objectives specified in the contract/funding agreement for past 3 years. | 1 | Agency has provided services and met most of the program objectives specified in the contract/funding agreement for past 3 years. | 2 | Agency has provided services and has consistently failed to meet most of the program objectives specified in the contract/funding agreement for past 3 years. | 3 |  |
| Reporting | Programs and fiscal reports are almost always submitted in timely and accurate manner | 1 | Routine reports are frequently late (more than 15 days) and/or contain some errors | 2 | Routine reports reflect significant discrepancies or omissions and routine reports are frequently late (more than 20 days) and contain some errors | 3 |  |
| **3. Funding Utilization:** |
| Planning/Use of Funding | Spending reported monthly; spending pattern is appropriate to the Program. | 1 | Spending not reported monthly and/or spending pattern includes under spending or over spending with justification. | 2 | Agency over spent or under spent without justification or plan for adequate service provision.  | 3 |  |
| **4. Amount of Funding/Other** |
| Annual Amount | $25,000 or less requires Certification and brief accounting of how funds spent and purpose; Due to agency within 6 months after end of grantee’s fiscal year. | 1 | $25,001 - $499,999 requires Certification, State Grants Compliance Reporting ≥ $25,000, Schedule of Receipts and Expenditures, and Program Activities and Accomplishments Report; Due within 6 months after end of grantee’s fiscal year. | 2 | $500,000 and over requires Certification, State Grants Compliance Reporting ≥ $25,000, Yellow Book Audit, Schedule of federal and state awards included in audit, Program Activities and Accomplishments Report; Due within 9 months after end of grantee’s fiscal year. | 3 |  |
| Fiscal | Agency had no unresolved audit findings for the most recent audit period.  | 1 | Agency had minor audit findings for the most recent audit period with pending corrective action.  | 2 | Agency had significant audit findings for the most recent audit period with pending corrective action.  | 3 |  |
| Subcontracts | Agency does not subcontract | 1 | 1 – 5 subcontracts | 2 | More than 5 subcontracts |  3 |  |
| **5. Self Assessment** |
| Internal Control Questionnaire | Self assessment shows few or no internal control weaknesses | 1 | Self assessment shows several internal control weaknesses. | 2 | Self assessment shows major internal control weaknesses. | 3 |  |

 Evaluation Score Key:

Low Risk = 10 – 16 Completed By:

Moderate Risk = 17 – 22

High Risk = 23 - 30 Date: