

FDLE Office of Criminal Justice Grants (OCJG) – SAA Monitoring Risk Assessment (FFY2016)

Reference 2 CFR Part 200 (200.205)

Agency/Organization: _____ SAM Registration Exp. Date: _____
 Sub-Grant Number: _____ Grant Manager Completing Form: _____
 DUNS Number: _____ Date Completed: _____

Risk Level Description and Weighted Measure

	Low (1 point)	Moderate (3 points)	High (5 points)	Score
New or Continuing Subrecipient				
1	Continuing subrecipient and/or has experience meeting objectives specified in subaward	New subrecipient, but one with experience in meeting objectives, or may have no prior experience if complexity is not an issue	New subrecipient with no experience if complexity is an issue; or continuing grantee that has had issues meeting past program deliverables/ objectives	
2	Subrecipient received an OCJG onsite monitoring within the past 2 years	Subrecipient received 2 consecutive OCJG desk reviews over the past 2 years	Subrecipient is new and has never been monitored (desk or onsite)	
3	Subrecipient has 1 subaward this award cycle	N/A	Subrecipient has 2 or more subawards this award cycle	
Complexity of Project/Program				
4	Very little complexity, includes travel, training, equipment or expense costs only	Moderate complexity, includes salaries/benefits or overtime costs	Complex, contractual services, subcontracts, research or IT projects, task force or confidential funds	
Staffing				
5	No change in key staff/positions	N/A	New or no grant/fiscal key contacts	
Programmatic / Performance				
6	Subrecipient has provided services and met program objectives in subaward for the last 2 years	OCJG grant manager suspects possible weaknesses in service delivery or program objectives based on information received in the previous year	Program history for past 2 years includes weaknesses in service delivery or program objectives, or agency is in its first year of funding (no basis for evaluation)	
7	No findings of non-compliance within the past 2 years (compliant)	Minor program findings or compliance recommendations noted within the past 2 years (recommendations only)	Findings of non-compliance within the past 2 years (out of compliance)	
8	Performance reports almost always submitted timely and are accurate	Performance reports are frequently 1-7 days late and/or contain some errors	Performance reports are frequently 7 or more days late and/or contain significant errors and/or omissions	
9	No extensions requested/approved for the last 2 years	N/A	Extension(s) requested/approved during the last 2 years	
Fiscal				
10	Subaward is \$20,000 or less	Subaward is between \$20,000 - \$50,000	Subaward is more than \$50,000	
11	No significant fiscal findings for the past 2 years	Minor fiscal findings within the past 2 years that were resolved timely	Significant fiscal findings within the past 2 years or had a finding for questioned costs	
12	Expenditure reports almost always submitted timely and are accurate	Expenditure reports are frequently 1-7 days late and/or contain some errors	Expenditure reports are frequently 7 or more days late and/or contain significant errors and/or omissions	
13	Subaward does not request indirect costs	Subaward requests indirect costs in accordance with an approved indirect cost rate plan	Subaward requests indirect costs in accordance with the de minimus rate, or requires OCJG negotiate an indirect rate	
Audit				
14	Subrecipient has provided a copy of the single audit for the most recent audit period and there are no findings	Subrecipient has provided a copy of the single audit and there were minor findings with pending corrective action	Subrecipient has not had a single audit or there are findings potentially affecting OCJG's subaward	

TOTAL RISK SCORE: _____

Recommended Level of Risk: _____

Low Risk 14-20
Moderate Risk 21-25
High Risk 26 +

Recommended Review Level: _____

Desk Monitoring 14-25
Onsite Monitoring 26 +
If criteria #1-5 all score as high, site visit required

If monitoring coordinator, supervisor or bureau chief does not concur with recommended level of risk review, an override may be granted. Please complete the information below with reason/explanation for the change.

FINAL DETERMINATION (check one)

Desk Monitoring _____

Onsite Monitoring _____

Comments:

Supervisor Signature: _____