

Subrecipient Financial Risk Assessment FY25

Instructions: Subrecipient must provide information for areas in blue only.

Subrecipient Name:	Project:
	Award Period:

	Topic	Yes	No	NA	Comments
A. Financial Information <small>(Information under Section A must be provided by the Financial Contact for the Subrecipient)</small>					
1	Did the Subrecipient's Parent Entity (City or County) expend more than \$750,000 in federal funding during the previous fiscal year ? If yes , please complete Comments section to indicate whether a single audit through the Federal Audit Clearinghouse (FAC) was conducted in accordance with 2 CFR 200.514. <i>Attach audit summary pages (if applicable).</i>				Amount of Federal Funding Expended \$ _____ Year 20 _____ Audit submitted to FAC? Yes / No Year Audit Completed : _____
2	If the Subrecipient's prior year financial audit did not have any material finding(s) that will affect ITD, check Yes. (If the answer is No, the subrecipient must indicate if/when they were resolved.) <i>Attach a copy of pages showing results and correction plan (if applicable).</i>				Findings: Yes / No Page# _____ Summary pages attached: _____ Findings Resolved: Yes/ No Date: _____
3	Subrecipient shall provide an active Unique Entity Identifier* (UEI) .				UEI # _____ Expiration Date _____
4	Subrecipient agrees to provide timesheets and payroll verification showing overtime was paid on grant-funded activity upon request by OHS.				
5	The Subrecipient agrees to retain documentation records for grant funded activities for up to three years for monitoring by OHS.				
B. Organization & Grant Management					
1	Has the subrecipient's organization remained unchanged during the previous year ? (i.e. Chief, Sheriff, management staff)				
2	Is the subrecipient's grant management and accounting system the same as the previous year? If not, please explain.				
3	Subrecipient agrees to provide contact/citation activity and mileage logs upon request by OHS.				
4	Subrecipient is aware that equipment purchased through OHS grant funds must be made available for up to three years for inspection.				

Signature on original required by the Parent Entity Financial Contact

The information above is accurate to the best of my knowledge. *Unique Entity Identifier (UEI) is now required instead of the DUNS or CAGE numbers, the UEI is available from www.SAM.gov

Signature:	Date:	Print Name:
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To be completed by The Office of Highway Safety

	Experience	Yes	No	NA	
1	Does the recipient have experience with the same or similar grants?				
2	Has the subrecipient had at least three years of experience with federal grants?				
3	Did the subrecipient consistently and accurately submit their claims and reports on time?				
4	Was payroll and timesheet documentation provided upon request the previous FY? Were there any issues identified?				
TOTALS					
Risk Score:					

Rating Scale (Based on the number of No's)

0 - 2	Subrecipient is considered low risk.	Low Risk	Provide standard monitoring
3 - 6	Subrecipient is considered medium risk.	Medium Risk	Provide additional monitoring including training is warranted.
7 - 10	Subrecipient is considered high risk.	High Risk	Provide close monitoring, training and action if required.

General overview of Subrecipient performance:

Commendations, problems or concerns:

Corrective action necessary:

OHS Reviewer:	Date:
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