

# Risk Assessment Questionnaire

Grant Name \_\_\_\_\_

CFDA Number: \_\_\_\_\_

Award Amount \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name of Program \_\_\_\_\_

Program Manager \_\_\_\_\_

Who prepares invoicing and reporting? \_\_\_\_\_

1. Are you a non-profit or a for-profit entity?

Non-Profit

For Profit

2. Have you had any turnover in key positions as they relate to the CDBG funding?

2  Yes

1  No

If Yes, Please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long has your organization performed this service?

3  1-5 years

2  5-10 years

1  10+ years

4. Do you generate any program income associated with this service?

2  Yes

1  No

For Staff Use Only:

Program Complexity:

1 KCCD Staff has a good understanding of the program and how it should run

2 KCCD Staff has a fair understanding of the program and how it should run

3 KCCD Staff has a minimum understanding of the program and how it should run

Reporting Requirements:

1 Program has submitted all quarterly reports

2 Program has submitted some quarterly reports

3 Program has submitted no quarterly reports

Invoicing Requirements:

1 Program has submitted all invoices

2 Program has submitted some invoices

3 Program has submitted no invoices

Past Performance

1 Past performance has been satisfactory

2 Past performance has been unsatisfactory

6-10 Low Risk

11-14 Medium Risk

15-18 High Risk

**Total**