MBCC RISK ASSESSMENT REVIEW FORM				
Sub-grantee Agency:	Current Date:			
Sub-grant Number/Award Identification Number:	Award Amount:			
Project Title:	Prepared by:			
RISK FACTORS ASSESSMENT				
Question Question (Question	ns 1-2 to be answered by sub-grantee include additional comments	Responses		

RISK FACTORS ASSESSIVIENT					
Question Number		Question (Questions 1-3 to be answered by sub-grantee, include additional comments below)	Responses		
			Yes	No	Score (MBCC)
1	а	Is your agency subject to the Single Audit Requirement? The trigger for a Single Audit is: During the fiscal year your agency expends federal funds in excess of \$1,000,000. (If yes, please provide the most recent copy)			
	b	In the past two years has your agency received any other type of financial audit or review? (If yes, please provide a copy)			
	С	Were there findings or recommendations?			
	d	Were the findings resolved?			
	а	Does staff have previous fiscal grant experience?			
2	b	Does staff have previous programmatic grant experience?			
3		Has your agency experienced key employee turnover of an executive director, financial officer, or program manager/staff within the past year? (If yes, provide details in comments below)			

Print Name of subgrantee:

Signature of subgrantee:

COMMENTS/ACTION ITEMS Document your comments and action items in this space (e.g., technical assistance).

Question Number		Question (Questions 4-8 to be answered by MBCC staff, include additional comments		Responses		
		below)	Yes	No	Score (MBCC)	
4 Has there been compliance monitoring of the sub-grantee by MBCC years?		Has there been compliance monitoring of the sub-grantee by MBCC during the prior three years?				
_	а	Have there been any financial compliance or performance issues, management problems/instability for the sub-grantee during the prior three years?				
5	b	Have there been any programmatic compliance or performance issues, management problems/ instability for the sub-grantee during the prior three years?				
6		Does the sub-grantee have recurring/unresolved issues?				
7		Does the sub-grantee submit complete and timely reports as required?				
8		Rate the complexity of the program.* Slightly Complex – award is under \$150,000	Slightly Complex	Moderately Complex	Highly Complex	
		Moderately Complex –award amount is higher than \$150,000 but under				
		\$1,000,000 Highly Complex —award amount is \$1,000,000 or greater. *The award amount is a determining factor in rating program complexity.				

RISK LEVEL ASSIGNED TO SUB RECIPIENT

Print name of Program Manager:

Signature of Program Manager:

COMMENTS/ACTION ITEMS Document your comments and action items in this space (e.g., technical assistance).

RISK ASSESSMENT CRITERIA				
Low Risk	Excellent history, no findings, experienced grant management.			
Medium Risk	Less than excellent, some past findings, new grantee, large grant, some unknowns. Ongoing training and technical assistance will be provided.			
High Risk	Poor performer, financial instability, prior findings, major staff changes, problems identified by other monitors. Ongoing training and technical assistance will be provided.			