**Mississippi Department of Employment Security (MDES)**

**PRE-AWARD RISK ASSESSMENT TOOL**

**This Risk Assessment will be completed by the potential   
Subrecipient for each eligible application submitted.**

**PURPOSE**

To assist in effectively monitoring potential risk factors associated with grants funded by federal pass-through funds to subrecipients. The focus is to ensure that grant programs meet the following requirements:

1. adhere to the grantor’s guidelines and agreements,
2. remain within budget,
3. can carry out the scope of service, and
4. ensure that proper internal controls are in place.

**PROCEDURE**

Based on an evaluation of this Risk Assessment **AND** the grantee’s award application, internal controls, and prior history with grant awards, MDES will rate each category below. Scores will then be totaled to determine if the level of risk is high, medium, or low.

**RISK ASSESSMENT**

The risk score determines the order in which MDES will monitor the grant program and the timing of performing site visits.

• **High Risk -** A score of 46 – 70 requires **intensive follow-up and improvement** based on a thorough evaluation of the grant project and execution of the approved action plan.

• **Medium Risk -** A score of 21 – 45 requires evaluation of areas that **need improvement** and improving those areas based on the approved action plan.

• **Low Risk -** A score of 20 or less generally identifies that the program is at lowerrisk for potential waste, mismanagement, non-compliance, or fraud.

**NOTE: Documentation should be written in each blank describing how the reviewer obtained support for the risk assessment score. The reviewer may also refer to the documents obtained to support the assessment. Any documents received should be kept on file with the risk assessment by program year.**

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| **APPLICANT/ORGANIZATION NAME** |  |
| **DATE** |  |
| **RISK ASSESSMENT COMPLETED BY** |  |
| **PROGRAM YEAR** |  |

**PRE-AWARD RISK ASSESSMENT TOOL**

For each question below, the respondent should elaborate as necessary to provide the reviewer with clear data to evaluate the response.

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| 1. Is the applicant on the Federal or State Debarment List? (If yes, no need to go further)  Yes  No  PLEASE ELABORATE AS NECESSARY: |

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| 2. Has the applicant or principals thereof ever been suspended or debarred from receiving state or federal grants or contracts?  Yes  No  PLEASE ELABORATE AS NECESSARY: |

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| 3. Has the applicant ever had a government contract, project, or agreement terminated?  Yes  No  PLEASE ELABORATE AS NECESSARY: |

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| 4. Does the finance director have less than three years of accounting experience?  Yes  No  PLEASE ELABORATE AS NECESSARY: |

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| 5. How many years has the organization been in existence?  Less than two years  2-5 years  6-10 years  11-14 years  15 years or more  PLEASE ELABORATE AS NECESSARY: |

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| 6. Other than WIOA, does the applicant have experience managing other federal, state, local or private funds?  Less than 1 year of experience  1-2 years of experience  3-5 year of experience  6-9 years of experience  10 or more years of experience  PLEASE ELABORATE AS NECESSARY: |

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| 7. Does the applicant have experience administering WIOA funds or other grants that provide funds for services to a comparable target population?  Less than 1 year of experience  1-2 years of experience  3-5 years of experience  6-9 years of experience  10 or more years of experience  PLEASE ELABORATE AS NECESSARY: |

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| 8. Number of years that the Program Administrator has been in the position as of the application date?  Less than 1 year of experience  1-2 years of experience  3-5 years of experience  6-9 years of experience  10 or more years of experience  PLEASE ELABORATE AS NECESSARY: |

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| 9. Percentage of Full-time Personnel in their positions for 3 or more years.  Less than 20%  20% but less than 40%  40% but less than 60%  60% but less than 80%  80%-100%  PLEASE ELABORATE AS NECESSARY: |

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| 10. How many years has it been since the applicant had a formal on-site program review for WIOA funds?  Never  7 years or more  5-6 years  3-4 years  0-2 years  PLEASE ELABORATE AS NECESSARY: |

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| 11. Number of reportable findings over the past 3 years as a result of on-site monitoring.  More than 5 findings  4 findings  3 findings  2 findings  0-1 findings  PLEASE ELABORATE AS NECESSARY: |

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| 12. What percentage of the overall requested budget does the applicant have on hand based upon the most recent audit report submitted?  Less than 20%  20% but less than 40%  At least 40% but less than 60%  At least 60% but less than 80%  80%-100%  PLEASE ELABORATE AS NECESSARY: |

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| 13. Amount of grant award requested for this project.  $800,000 +  $600,000 - $799,999  $400,000 - $599,999  $150,000 - $399,999  $0 - $149,999  PLEASE ELABORATE AS NECESSARY: |

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| 14. Single Audit Status. (Please select the most applicable)  Single Audit Required but no single audit performed  Material noncompliance  Fraud reported  Reportable conditions in internal control over major programs  Known questioned costs over $10,000  Known questioned costs under $10,000  Single audit not required  PLEASE ELABORATE AS NECESSARY: |