

Programmatic Risk Assessment (PRA) Questionnaire

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|---------------------------|---------------------------------------|---------------|--------------|
| Organization | Village of Oak Park | | |
| Program Name | Sustained Traffic Enforcement Program | | |
| Period of Performance | 10/1/22 - 9/30/23 | | |
| Individual Completing PRA | Steven Drazner | | |
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The purpose of this assessment is to evaluate the programmatic risk of applicants for grant funding through the Illinois Department of Transportation (IDOT). Limited program experience, protocols and internal control governing program delivery will increase an applicant’s degree of risk but will not prohibit the applicant from becoming a grantee.

The programmatic risk assessment questionnaire includes 5 risk categories. There is a computed risk rating for each category:

1. Quality of management systems
2. History of performance
3. Reports and findings from audits performed
4. Applicant's ability to effectively implement statutory, regulatory, or other requirements
5. IDOT and/or program-specific questions

Based on the responses to the questionnaire, the risk rating will be assessed. Medium or high risk in any risk category will result in specific conditions in the Notice of State Award (NOSA) and (I)UGA pursuant to 2 CFR 200.207.

Patterns or trends in programmatic risk will influence GATA training as well as the IDOT’s monitoring plan. Appropriate support must be provided by GATU and IDOT to build grantee capacity.

Administering the Programmatic Risk Assessment

- A. IDOT may add program-specific references to questions 1-4, where applicable, and agency and/or grant-specific questions under section 5.
- B. The programmatic risk assessment questionnaire is distributed to the applicant by the agency prior to an awarding decision.
- C. The applicant returns the completed questionnaire to IDOT following IDOT's protocol.
- D. IDOT assigns a point value to the questionnaire response: Low Risk = 1, Medium Risk = 2, High Risk = 3.
 - 1.If the question has subparts, the average of the subparts equals the question’s risk rating.
 - 2.Based on the number of questions answered in the Section, the Section average is computed.
 - 3.The Section Average determines the applicant’s risk rating: 1-1.4 = Low Risk; 1.5–2.4 = Medium risk, 2.5 – 3 = High Risk
- E. If the Section Average risk rating is Medium or High (as defined above), applicable specific condition(s) are assigned.
- F. IDOT will communicate the applicable specific condition(s) through the NOSA and (I)UGA.

To comply with federal risk assessment requirements of 2 CFR 200.208, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this programmatic risk assessment questionnaire to comply with the federal requirement.

Please answer the following questions by typing a 1 (the numeral one) in the appropriate box. Leave all other boxes unfilled.

| | |
|----------------------|---------------------------------------|
| Organization: | Village of Oak Park |
| Program Name: | Sustained Traffic Enforcement Program |

1. Quality of management systems and ability to meet the management standards.

| 1.1. Do you have written policies and procedures that guide program delivery on the topics of: | YES | NO | N/A |
|--|-----|----|-----|
| a. Program outcome tracking and reporting mechanisms | 1 | | |
| b. Relevant documentation of services/goods delivered | 1 | | |
| c. Staff management policies and procedures | 1 | | |
| d. Standards of conduct re: selection, award, or administration of grants | 1 | | |
| e. Real or perceived conflict of interest re: selection, award, or administration of grants | 1 | | |
| f. Complaint/grievance resolution policies and procedures | 1 | | |
| g. Safeguarding funds, property and other assets against loss from unauthorized use of disposition | 1 | | |
| h. Management of grant terms | 1 | | |
| i. Written approval from funding agency when key personnel | 1 | | |
| j. Written approval from funding agency when program scope changes | 1 | | |
| k. Participant eligibility, if applicable. | | 1 | |

| 1.2. Do you have internal controls that govern program delivery on the topics of : | YES | NO | N/A |
|--|-----|----|-----|
| a. Quality assurance reporting | 1 | | |
| b. Unit costs analysis/management | 1 | | |
| c. Accreditation/licensing compliance program | 1 | | |

| 1.3. How many years of experience does the project leader have managing the scope of services required under this program? | YES | |
|--|-----|-------------------|
| More than five years | 1 | Choose 1 Response |
| One to five years | | |
| Less than one year | | |

| 1.4. Does the organization have a time and effort system to track program-specific work performed? | YES | NO | |
|--|-----|----|-----------|
| Yes (see below) No (Go to Question 1.5) =====> | | 1 | If No, Go |

| | | | |
|--|--|--|-----------------|
| a. Does the system record all time worked, including time not charged to awards? | | | to Question 1.5 |
| b. Does the system include sign-off by the employee and supervisor? | | | |

| | | | |
|--|------------|-----------|---------------------------|
| 1.5. Are program payments based on a rate or unit of service? | YES | NO | If No, Go to Question 1.6 |
| Yes (see below) No (Go to Question 1.6) =====> | 1 | | |
| a. Does the organization have written procedures to ensure accurate invoicing? | 1 | | |
| b. Does a second person sign-off on the invoice? | | 1 | |

| | | | |
|--|------------|-----------|---------------------------|
| 1.6. Does the program have match or related requirements? | YES | NO | If No, Go to Question 1.7 |
| Yes (see below) No (Go to Question 1.7) =====> | | 1 | |
| a. Does the organization have written procedures for match | | | |
| b. Does a second person sign-off on match reporting? | | | |

| | |
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| 1.7. Is the organization prepared to utilize periodic performance reports to communicate program outcomes? | Select One |
| Performance reports are an established part of grant management procedures. | |
| Performance data reporting is being developed as part of grant management procedures. | 1 |
| We do not currently report performance data within our grant management. | |

2. History of performance

| | | |
|---|-------------------|-------------------|
| 2.1 How many years of experience does your organization have with grants of comparable scope and/or capacity? | Select One | Choose 1 Response |
| More than five years | 1 | |
| One to five years | | |
| Less than one year | | |
| No experience; go to question 3.3 | | |

| |
|---|
| 2.2 If your organization has received grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year: |
| IDOT STEP Grant FFY2021 TEP Grant 2021 |

| | | |
|--|-------------------|-------------------|
| 2.3. During your last two fiscal years, how frequently has the organization submitted project performance reports on time? | Select One | Choose 1 Response |
| Always | 1 | |
| Reported late up to three times | | |
| Reported late four or more times | | |
| Not applicable -- not a requirement of awards previously received | | |

| | YES | NO |
|---|-----|----|
| 2.4. Does your organization have performance measurements that tie to financial data? | 1 | |

| 2.5. Have there been any significant changes in your organization in the last fiscal year related to program delivery: | YES | NO |
|--|-----|----|
| Management / leadership personnel | | 1 |
| Reorganization or parent / subsidiary relationships | | 1 |
| Significant changes in programs / grants funded | | 1 |
| Statutory or regulatory requirements imposed on your organization type | | 1 |

2.6. Provide a brief explanation for all "YES" responses to question 2.5.

| | YES | NO |
|---|-----|----|
| 2.7. Will a sub-grantee/sub-recipient / sub-award be utilized to manage, administer or complete the project? If NO, go to question 3.1. | | 1 |

If NO, go to question 3.1.

| 2.8. What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this program? | YES | NO |
|---|-----|----|
| Participant eligibility determination | | |
| Case management | | |
| Performance reporting | | |
| Financial reporting | | |
| Invoicing | | |
| Other, please list below | | |
| | | |

| 2.9 What percentage of grant funds does the organization anticipate passing to sub-grantees/sub-recipients/sub-awards? | Select One | |
|--|------------|-------------------|
| Less than 10% | | Choose 1 Response |
| 10-20% | | |
| More than 20% | | |

| 2.10. Does your organization have an implemented policy for sub-grantee/sub-recipient monitoring? | YES | NO |
|---|-----|-------------------|
| No (Go to section 3) If Yes, does it include: | | |
| On-site review | | Choose 1 Response |
| Review of prior monitoring and desk/quantitative review | | |
| Review of prior monitoring only | | |
| Desk/quantitative review only | | |

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| 4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (sensible)? | Select One | |
| Policies are implemented and followed | 1 | Choose 1 Response |
| Policies are implemented, but are not consistently followed | | |
| Policies are being implemented | | |
| The organization does not currently have these types of policies. | | |

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| 4.2. To what extent does your organization have policies to ensure programmatic activities are allowable? | Select One | |
| Policies are implemented and followed | 1 | Choose 1 Response |
| Policies are not fully implemented | | |
| Policies are being implemented | | |
| The organization does not currently have these types of policies. | | |

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| 4.3. Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years? | YES | NO |
| Yes / No (if yes, provide an explanation) =====> | | 1 |
| Text response below | | |

| | | |
|--|-------------------|-------------------|
| 4.4. To what extent is your organization able to comply with all statutory requirements of this program? | Select One | |
| Fully able to comply with all statutory requirements | 1 | Choose 1 Response |
| With the following exception(s), the organization is able to | | |
| Text response below | | |

5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity).

| | | |
|--|-------------------|--|
| 5.1. Does your organization understand the federal and Illinois statutes that correspond to the requested funding grant program so as to be able to properly facilitate the requirements of this NOFO? | Select One | |
| YES we understand. | 1 | |
| No we do not understand. | | |

| | | |
|--|-------------------|--|
| 5.2. Does your organization understand the documents required to be submitted with this grant or that your organization should contact DOT.TSgrants@illinois.gov with any questions or concerns in the event that information may not be understood? | Select One | |
| YES we understand. | 1 | |
| NO we do not understand. | | |

Certification Section: *By signing this questionnaire, I certify to the best of my knowledge and belief that the responses are true, complete and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (2 CFR 200.415)*

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| Individual Completing | Steven Drazner | | |
| Contact Email | sdrazner@oak-park.us | Contact Phone | 708-358-5462 |

 Steven Drazner
Submitter's Name (Typed)

2-7-22
Date

CFO

Submitter's Title