☑ YES/ □ NO

☑ YES/ □ NO

☑ YES/ □ NO

✓ YES/

✓ NO

☑ YES/ □ NO

☑ YES/ □ NO

Programmatic Risk Assessment Questionnaire FY19

A separate Programmatic Risk Assessment is required for <u>each</u> grant application. Responses must be <u>program-specific</u>.

Program Associated with this Programmatic Risk Assessment:	FFY 20 Local Agency Year-Long Grants NOFO 20-0343-02
Applicable CFR or state citation:	2 CFR 200
Awarding State Agency:	Illinois Department of Transportation- Bureau of Safety Programs and Engineering
Entity Completing Programmatic Risk Assessment:	Village of Oak Park
Individual Completing Programmatic Risk Assessment:	Steven Drazner
Contact Information for Completer (Phone and Email):	sdrazner@oak-park.us 708-358-5462
To comply with federal risk assess:	ment requirements of 2 CFR 200.205, the state awarding agency must ed by applicants. Illinois utilizes this programmatic risk assessment federal requirements.

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

Program outcome tracking and reporting mechanisms

Relevant documentation of services/goods delivered

Complaint/grievance resolution policies and procedures

Staff management policies and procedures

b.

C.

f.

grants

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

Real or perceived conflict of interest re: selection, award or administration of

Standards of conduct re: selection, award or administration of grants

g.	Safeguarding funds, property and other assets against loss from unauthorized	
	use of disposition	
h.	Management of grant terms	
i.	Written approval from funding agency when key personnel change	☑ YES/ □ NO
j.	Written approval from funding agency when program scope changes	
k.	Participant eligibility, if applicable ☐ YES/☐ NO /☐	NOT APPLICABLE
110		
	you have internal controls that govern program delivery on the topics of:	Si vec/Si vo
	Quality assurance reporting	⊠ YES/ □ NO
b.		YES/ □ NO
c.	Accreditation/licensing compliance program	⊠ YES/ □ NO
1.3 Ho	ow many years of experience does the project leader have managing the scope	e of services
	quired under this program?	
Σ	More than five years	
	One to five years	
	Less than one year	
1.4 Do	bes the organization have a time and effort system to track program-specific	
	ork performed?	
		-
If '	"Yes":	
a.	Does the system record all time worked, including time not charged	
	to awards?	☑ YES/ □ NO
b.	Does the system include sign-off by the employee and supervisor?	☑ YES/ ☐ NO
lf '	"No", go to question 1.5	
1.5 Ar	e program payments based on a rate or unit of service?	
If '	'Yes":	
a.	Does the organization have written procedures to ensure accurate	
	invoicing?	☐ YES/☐ NO
b.	Does a second person sign-off on the invoice?	☐ YES/☐ NO
If '	"No", go to question 1.6	
	es the program have a match or related requirements?	
If '	'Yes":	
a.	Does the organization have written procedures for match reporting?	☐ YES/☐ NO
b.	Does a second person sign-off on match reporting?	☐ YES/ ☐ NO
If '	"No", go to question 1.7	
1.7 ls	the organization prepared to utilize periodic performance reports to commun	icate program
ou	tcomes?	
	Performance reports are an established part of grant management procedur	es.

	 □ Performance data reporting is being developed as part of grant manageme □ We do not currently report performance data within our grant managemer 	·
2.	History of Performance	
	2.1 How many years of experience does your organization have with grants of comand/or capacity?More than five years	parable scope
	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, pro- description of similar project goals and outcomes; specify the applicable year: (Re enforcement grants)	
	 2.3 During your last two fiscal years, how frequently has the organization submitted p performance reports on time? Always 	roject
	Reported late up to three times	
	Reported late four or more times	
	☐ Not applicable – not a requirement of awards previously received	
	2.4 Does your organization have performance measurements that tie to financial data ☑ YES/ ☐ NO	?
	2.5 Have there been any significant changes in your organization in the last fiscal year program delivery?	related to
	a. Management/leadership personnel	☐ YES/ ☒ NO
	b. Reorganization or parent/subsidiary relationships	☐ YES/ ☒ NO
	c. Significant changes in programs/grants funded	☐ YES/ ☒ NO
	d. Statutory or regulatory requirements imposed on your organization type	☐ YES/ ☒ NO
	2.6 Provide a brief explanation for all "YES" responses to question 2.5. (Text responses	nse)
	2.7 Will a sub-grantee/sub-recipient/sub-award be utilized to manage, administer project? ☐ YES/ ☒ NO	or complete the
	If NO, go to question 3.1.	
	2.8 What responsibilities will the sub-grantee/sub-recipient/sub-award perform up program?	nder this
	a. Participant eligibility determination	☐ YES/ ☐ NO
	b. Case Management	☐ YES/ ☐ NO
	c. Performance reporting	☐ YES/ ☐ NO

	d. Financial reporting	☐ YES/ ☐ NO		
	e. Invoicing	☐ YES/ ☐ NO		
	f. Other	☐ YES/ ☐ NO		
	2.9 What percentage of grant funds does the organization anticipate pass recipients/sub-awards?	sing to sub-grantees/sub-		
	☐ Less than 10%☐ 10-20%☐ More than 20%			
	2.10 Does your organization have an implemented policy for sub-grantee/s	sub-recipient monitoring?		
	If Yes, does it include:	sub-recipient monitoring:		
	 □ On-site review □ Review of prior monitoring and desk/quantitative review □ Review of prior monitoring only 			
	☐ Desk/quantitative review only			
3.	Reports and Findings from audits performed under Subpart F – Audit Re the reports and findings of any other available audit.	quirements of this part or		
	3.1. During the last two fiscal years, has your organization been out of compliance with <i>programmatic</i> terms and conditions of awards?			
	 □ Organization has not been audited; Go to Question 3.6 □ No occurrences of non-compliance; Go to Question 3.6 □ One to three occurrences of non-compliance □ Four or more occurrences of non-compliance 			
	3.2. If your organization had at least one occurrence of non-compliance with conditions, summarize each occurrence. (Text response)	programmatic terms and		
	3.3. Have corrective actions been implemented within the specified timefran	ne?		
	3.4. Provide explanation for any corrective actions that were not impleme specified and for any corrective actions that remain open. (Text response			
	3.5. Have there been findings regarding conflict of interest within the last ☐ YES/ ☐ NO	two fiscal years?		
	a. If NO, go to question 3.6b. If YES, specify the finding and your response to the finding. (Text response)			
	3.6. Has your organization even been subject to specific conditions due to pr ☐ YES/ ☑ NO	ogram issues?		
	a. If NO, to go question 4.1.b. If YES, specify the specific condition, why it was imposed, and applicable. (Text response)	whether or not it is still		

4.	Applicants ability to effectively implement statutory, regulatory, or other requirements imposed
	on awardees.
	 4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (sensible)? Policies are implemented and followed Policies are implemented, but not consistently followed Policies are being implemented
	☐ The organization does not currently have these type of policies
	4.2. To what extent does your organization have policies to ensure programmatic activities are allowable?
	 ☑ Policies are implemented and followed ☑ Policies are implemented, but not consistently followed ☑ Policies are being implemented ☑ The organization does not currently have these types of policies
	The organization does not currently have these types of policies
	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
	If Yes, provide an explanation
	 4.4. To what extent is your organization able to comply with all statutory requirements of this program? ☑ Fully able to comply with all statutory requirements ☑ With the following exception(s), the organization is able to comply: Text response of exception(s)
5.	Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)
	5.1. Does your organization know 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? ☑ YES/ ☐ NO
	5.2. Does your organization understand the forms and their corresponding due dates required to be submitted with this grant (BSPE 205, BSPE 500 and BoBS 2832 for enforcement grants or BSPE 07, BSPE 600, and BoBS 2832 for non-enforcement grants) or that your organization should contact DOT.TSgrants@illinois.gov with any questions or concerns in the event that information may not be understood? ☐ YES/☐ NO
	rtification Section – By signing this questionnaire, I certify to the best of my knowledge and belief that
inf	e responses are true, complete and accurate. I am aware that any false, ficticious, or fraudulent ormation, or the omission of any material fact, may subject me to criminal, civil or administrative nalties for fraud, false statements, false claims or otherwise (2 CFR 200.415)
	665 211-19
Δm	thorized Signature Date