

Programmatic Risk Assessment Questionnaire FFY21

**A separate Programmatic Risk Assessment
is required for each grant application. Responses must be program-specific.**

Program Associated with this Programmatic Risk Assessment:	FFY 21 Local Agency Year-Long Grants NOFO 21-0343-03
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:	Steve Drazner
Contact Information for Completer (Phone and Email):	sdrazner@oak-park.us 708.358.5462

To comply with federal risk assessment requirements of 2 CFR 200.205, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this programmatic risk assessment questionnaire to comply with the federal requirements.

ONLY ONE OPTION MAY BE SELECTED FOR EACH QUESTION

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:

- | | |
|--|--|
| a. Program outcome tracking and reporting mechanisms | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| b. Relevant documentation of services/goods delivered | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| c. Staff management policies and procedures | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Standards of conduct re: selection, award or administration of grants | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |
| e. Real or perceived conflict of interest re: selection, award or administration of grants | <input checked="" type="checkbox"/> YES/ <input type="checkbox"/> NO |

- f. Complaint/grievance resolution policies and procedures ☒ YES/ ☐ NO
- g. Safeguarding funds, property and other assets against loss from unauthorized use of disposition ☒ YES/ ☐ NO
- h. Management of grant terms ☒ YES/ ☐ NO
- i. Written approval from funding agency when key personnel change ☒ YES/ ☐ NO
- j. Written approval from funding agency when program scope changes ☒ YES/ ☐ NO
- k. Participant eligibility, if applicable ☐ YES/ ☐ NO / ☒ NOT APPLICABLE

1.2 Do you have internal controls that govern program delivery on the topics of:

- a. Quality assurance reporting ☒ YES/ ☐ NO
- b. Unit costs, expense analysis/management ☒ YES/ ☐ NO
- c. Accreditation/licensing compliance program ☒ YES/ ☐ NO

1.3 How many years of experience does the project leader have managing the scope of services required under this program?

- ☒ More than five years
- ☐ 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

If "No", go to question 1.5

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

1.5 Are program payments based on a rate or unit of service?

☒ YES/ ☐ NO

If "No", go to question 1.6

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

1.6 Does the program have a match or related requirements?

☒ YES/ ☐ NO

If "No", go to question 1.7

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~~

1.7 Is the organization prepared to utilize periodic performance reports to communicate program outcomes? Select one answer.

- ☒ Performance reports are an established part of grant management procedures.
- ☐ Performance data reporting is being developed as part of grant management procedures.
- ☐ 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?

- ☒ More than five years
☐ 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: Highway safety; speed enforcement grants. FY19.

2.3 During your last two fiscal years, how frequently has the organization submitted project performance reports on time?

- ☒ Always
☐ 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 related to program delivery?

- | | |
|---|--|
| a. Management/leadership personnel | <input type="checkbox"/> YES/ <input checked="" type="checkbox"/> NO |
| b. Reorganization or parent/subsidiary relationships | <input type="checkbox"/> YES/ <input checked="" type="checkbox"/> NO |
| c. Significant changes in programs/grants funded | <input type="checkbox"/> YES/ <input checked="" type="checkbox"/> NO |
| d. Statutory or regulatory requirements imposed on your organization type | <input type="checkbox"/> YES/ <input checked="" type="checkbox"/> NO |

2.6 Provide a brief explanation for all "YES" responses to question 2.5. (Text response)

2.7 Will a sub-grantee/sub-recipient/sub-award be utilized to manage, administer or complete the project? ☐ YES/ ☒ NO

If NO, go to question 3.1.

2.8 What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this program?

- | | |
|--|---|
| a. Participant eligibility determination | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| b. Case Management | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| c. Performance reporting | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Financial reporting | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| e. Invoicing | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| f. Other | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |

2.9 What percentage of grant funds does the organization anticipate passing to sub-grantees/sub-recipients/sub-awards?

- ☐ Less than 10%
- ☐ 10-20%
- ☐ More than 20%

2.10 Does your organization have an implemented policy for sub-grantee/sub-recipient monitoring?

If Yes, does it include:

- ☐ 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 Requirements of this part or the reports and findings of any other available audit.

3.1. During the last two fiscal years, has your organization been out of compliance with *programmatic* 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 programmatic terms and conditions, summarize each occurrence. (Text response)

3.3. Have corrective actions been implemented within the specified timeframe? ☐ YES/ ☐ NO

3.4. Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open. (Text response)

3.5. Have there been findings regarding conflict of interest within the last two fiscal years?

☐ YES/ ☐ NO

- a. If NO, go to question 3.6
- b. 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 program issues?

☐ YES/ ☒ NO

- a. If NO, to go question 4.1.
- b. If YES, specify the specific condition, why it was imposed, and whether or not it is still applicable. (Text response)

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

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

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)


Authorized Signature


Date