

# RISK ASSESSMENT SCORE CARD

Once column B is completed  
STA staff will calculate the  
risk assessment

Organization Name: \_\_\_\_\_

## I. GENERAL ASSESSMENT

1. Organization Experience with Similar Project(s):	Response (X)	Complete this section using the score in column C that corresponds to answer	Applicant Score	STA Staff Notes	STA Staff Score
5 + years		5			
3-5 years		3			
0-3 years		1			

Comments: If applicable, were the projects completed on time and within budget?

2. Organization experience with State or Federal Funds:	Response (X)	Complete this section using the score in column C that corresponds to answer	Applicant Score	STA Staff Notes	STA Staff Score
5 + years		5			
3-5 years		3			
0-3 years		1			

Comments:

3. Organization experience with FTA Grant program(s):	Response (X)	Complete this section using the score in column C that corresponds to answer	Applicant Score	STA Staff Notes	STA Staff Score
5 + years		5			
3-5 years		3			
0-3 years		1			

Comments:

4. Management or staff turnover or reorganization that affects this program:	Response (X)	Complete this section using the score in column C that corresponds to answer	Applicant Score	STA Staff Notes	STA Staff Score
No turnover or reorganization		5			
Little turnover or reorganization		3			
Significant turnover or reorganization		1			

Comments:

5. Average experience of project staff and management in the current position:	Response (X)	Complete this section using the score in column C that corresponds to answer	Applicant Score	STA Staff Notes	STA Staff Score
5+ years		5			
2-5 years		3			
Less than 2 years		1			

Comments:

6. Experience of staff and management with the FTA program(s):	Response (X)	Complete this section using the score in column C that corresponds to answer	Applicant Score	STA Staff Notes	STA Staff Score
5+ years		5			
2-5 years		3			
Less than 2 years		1			

Comments: Please list specific experience.

7. Familiarity with the program: \_\_\_\_\_

Have managed/conducted many similar programs in the past (5+ years' experience)		5				
Have managed/conducted a few similar programs		3				
Have minimal or no experience with this type of program		1				

Comments:

**8. Effective written procedures and controls for this program:**

Accounting Policy/Cash Management (2 CFR 200.302):						
Internal Controls (2 CFR 200.303):						
Travel Policy (2 CFR 200.474):						
Procurement Policy (2 CFR 200.318):						
Compensation (2 CFR 200.430):						
Conflict of Interest Policy (2 CFR 200.112):						
Equipment and Inventory Records (2 CFR 200.313):						
Formal/written and distributed to employees		5				
Informal policies and controls		3				
No policies or controls		1				

Comments: please attach written procedures.

**III. LEGAL ASSESSMENT**

**1. Does the organization have or previously had any suit(s) filed against them within the last 5 years? (such as EEO, DBE, contractor suing for payment)**

No previous or current suits		5				
Has previously had a lawsuit		3				
Has a lawsuit		1				

Comments: Please provide an explanation of each historical and/or active suit, the finding(s) of the suit, and the prevailing party(ies).

**2. Organization staff that have been arrested, convicted of a felony or are currently under criminal investigation:**

No staff arrested, convicted or currently under criminal investigation		5				
Has staff that has been arrested, convicted or is currently under criminal investigation		1				

Comments:

**3. Does the organization have any violations of Federal criminal law involving fraud, bribery or gratuity violations potentially affecting the Federal award?**

No		5				
Yes		1				

Comments: If yes, provide supporting documentation.

**IV. MONITORING/AUDIT ASSESSMENT**

**1. Past Audit findings from the A-133 Audit or any Internal Audits:**

No material findings		5				
Some findings, not material		3				
Has material findings		1				

Comments: If applicable, please discuss how corrective actions were handled for finding(s).  
 Include timeline taken to get findings closed.

**2. Have there been any previous audit findings (i.e. other comprehensive audit, Internal Audit)?**

No material findings		5				
Some findings, not material		3				
Has material findings		1				

Comments:

**3. When was the last on-site monitoring visit?**

NA or Less than two years has passed since on-site visit		5				
Two years have passed since on-site visit		3				
More than two years have passed since on-site visit		1				

Comments: Provide the year of visit and provide details about the funding agency and project. List specific findings for each visit and provide details on how the findings were resolved.

**V. FINANCIAL SYSTEMS ASSESSMENT**

**1. Does the organization have a financial management system in place to track and record program expenditures (Examples: QuickBooks, Visual Bookkeeper, Peachtree, or a Customer Proprietary System)?**

Yes, has financial management system in place		5				
No financial management system in place		1				

Comments: Please list the system used and length of time in use.

**2. Does the accounting system identify the receipts and expenditures of program funds separately for each award?**

Accounting system identifies receipts and expenditures of program funds separately for each award		5				
Accounting system identifies receipts and expenditures of program funds but does not separate for each award		3				
Accounting system does not identify receipts and expenditures of program funds		1				

Comments:

**3. Does the organization have a time and accounting system to track time and expenditures by budget category?**

Yes, Organization has a time and accounting system to track time and expenditures by cost objective		5				
Organization has a time and accounting system but does not track time and expenditures by cost objective		3				
Organization does not have a time and accounting system to track time and expenditures		1				

Comments:

4. Does the organization maintain appropriate internal controls? (Reconciliation checks and balances are in place, duties are segregated, the final approval for payment is made by a different individual than the check/warrant signer)

Yes		5			
No		1			

Comments:

**V. CAPITAL ASSET TRACKING**

1. Has the organization leased any FTA funded equipment to private operators, other public entities, or non-profit organizations?

No		5			
Yes, with prior written approval from FTA		3			
Yes, without prior written approval from FTA		1			

2. Explain the organization's control system to prevent and investigate loss, damage, or theft of property.

Comments: If applicable, please attach written policy

<b>Total Score</b>	<b>0</b>
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Risk Level	Range	Action	Range out of 10 Points
Lowest Risk	75-95	Regular Monitoring Requirements	8-10
Moderate Risk	45-74	Detailed Back Up Documentation, Quarterly Desk Audits	5-7
Highest Risk	19-44	Quarterly Desk Audits, Detailed Back Up Documentation	2-4