



# Risk Assessment Questionnaire

## *Subrecipient Information*

<b>Subrecipient Name</b>	
<b>Unique Entity Identifier (UEI) Number</b>	
<b>Program Point of Contact</b>	Name: Title: Email:
<b>Fiscal Point of Contact</b>	Name: Title: Email:
<b>Subaward Number</b>	
<b>Subaward Budget Period</b>	
<b>Title of Project</b>	

Hello,

NASTAD shall conduct subrecipient monitoring in connection with your pending or current subaward agreement. NASTAD has the responsibility to evaluate each subrecipient's risk of non-compliance with federal statutes, regulations, and the terms and conditions of the subaward agreement. In order for NASTAD to complete this evaluation, we respectfully request your assistance with completing this questionnaire to the best of your ability. NASTAD will use your responses and other publicly available data sources to make a risk assessment determination unique to your organization. This risk assessment determination will inform us regarding additional monitoring and technical assistance that may be required as part of our administration of your subaward. You will be notified in writing when a risk assessment determination has been made. This notification will include a list of corresponding monitoring activities that will be conducted.

We respectfully request that you please complete the following Risk Assessment Questionnaire and provide the requested documentation **no later than XXXXX**. If you have any questions, please feel free to email me at [relink@nastad.org](mailto:relink@nastad.org). NASTAD appreciates your cooperation and assistance with this process.

Sincerely,

### **PERSONNEL**

1. Has there been recent staff turnover or reorganization within the past two years that would affect this program?

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Yes  No

If Yes, please describe the personnel involved in the turnover or reorganization noted.

*Click or tap here to enter text.*

2. Have any of the staff currently assigned to the program worked on the program for less than two funding cycles?

Yes  No  Not Applicable (Program is new to the organization)

If yes, please list the titles and number of personnel that are currently assigned to the program and have been working on the program for less than one funding cycle.

*Click or tap here to enter text.* *Click or tap here to enter text.*

## SINGLE/COMPLIANCE AUDIT INFORMATION

1. Has your organization **expended** Federal funding of \$1,000,000 or more within the past fiscal year?

Yes  No

If "Yes", please attach the most recent Single Audit report.

If "No", please provide a copy of your organization's most recently completed audited financial statements (if applicable) and a copy of a compliance audit recently obtained as required by the terms and conditions of NASTAD's subaward agreement (if available).

2. Has any internal or external audit/review/evaluation discovered any instances of known noncompliance within the past two years?

Yes  No

If yes, please describe the evaluation that was performed, and the noncompliance findings noted.

*Click or tap here to enter text.*

## INTERNAL CONTROLS

1. Please indicate which policies, procedures, practices, and work instructions your organization has documented for governing funding awards for the following functions (check all that apply):

A. Internal Controls for General Management

Control Environment

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- Risk Assessment
  - Records Retention and Access
  - Safety and Security
- B. Internal Controls for Award Management
- Management of the Award Lifecycle Stages
  - Subrecipient Risk Assessment and Monitoring
  - Cost Share and Matching
- C. Internal Controls for Budget Planning and Execution
- Budget Development
  - Budget Approval
  - Budget Revision
- D. Internal Controls for Financial Management
- Financial Management System
  - Cash Management (Drawdown or Reimbursement)
  - Time and Effort Reporting
  - Travel Administration
- E. Internal Controls for Human Resources Management
- Non-Discrimination
  - Drug-Free Workplace
  - Workforce Planning
  - Recruitment, Hiring, and Employment
  - Performance Management
  - Personally Identifiable Information (PII) Control
- F. Internal Controls for Procurement
- General Standards for Procurement Actions
  - Full and Open Competition
  - Methods of Procurement
  - Small and Minority Businesses, and Women's Business Enterprises
  - Flow-Down Provisions and Specific Award Terms and Conditions
  - Contract Cost and Price
- G. Internal Controls for Property and Equipment
- Acquisition of Property and Equipment
  - Use and Disposition
  - Maintenance and Security
  - Inventory and Recordkeeping

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Please provide all available documented policies, procedures, and work instructions as indicated above. This request includes but is not limited to formal policy manuals, timesheet examples, expense report examples, and service contract templates.

**ORGANIZATIONAL PRACTICES**

1. Please indicate whether your organization utilizes the following practices (indicate either “Yes” or “No”):

**A. Salaries and Wages**

- i. Do you use signed timesheets or personnel activity reports to support charges for all hours worked?  
Yes    No
  
- ii. Are timesheets signed by the employee?  
Yes    No
  
- iii. Are timesheets reviewed and signed by the supervisor?  
Yes    No
  
- iv. Do the timesheets or activity reports allocate an employee’s time based on source of funding?  
Yes    No
  
- v. Can the hours charged be traced to payroll registers, issued and cancelled payroll checks/direct deposits and bank statements?  
Yes    No

Additional comments can be provided in the section below:  
[Click here to enter text.](#)

**B. Consultants and Contractors**

- i. Do you support expenses for professional, consulting, and contracted services with executed contractual agreements?  
Yes    No
  
- ii. Do you only pay consultants and contractors based on approved invoices, receipts or agreements?  
Yes    No

**C. Fringe Benefits**

- i. Does your organization utilize a rate to charge fringe benefits expenses to projects or funding sources?

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Yes     No

If “Yes” please use this section below to list the elements that comprise your fringe benefits pool and how the rate is applied to the selected base of allocation to arrive at your fringe benefit rate.

[Click here to enter text.](#)

**D. Indirect Cost Rates**

i. Does your organization have a Federally Approved Indirect Cost Rate?

Yes     No

If “Yes”, provide a copy of your Negotiated Indirect Cost Rate Agreement

If “No”, you may elect to charge De Minimis rate of 15% of Modified Total Direct Costs

**Comments:**

**I certify that the information given by me on this form is correct and has been answered to the best of my ability.**

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**USEFUL TERMS AND DEFINITIONS**

Accounting controls: methods and procedures for the authorization of transactions, safeguarding of assets, and accuracy of accounting records.

Administrative controls: plan of organization and all methods and procedures that help management plan and control operations.

Allocations: subdivisions of a funding source into more detailed categories, such as a cost center or programs.

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Audit: examination of the financial records of the organization to evaluate the internal control system, to determine if financial statements have been prepared in accordance with generally accepted accounting principles, and to discover potential material errors.

Audited financial statements: financial statements that have been examined by a Certified Public Accountant (CPA) who issues an opinion letter, called the auditor's report.

Audit trail: a set of references that allow an individual to trace back through accounting documents to the source of any number.

Cost center: unit or department in an organization for which a manager is assigned responsibility for costs.

Direct costs: Costs incurred within the organizational unit for which the manager has responsibility; b) costs of resources used for direct provision of goods or services.

Direct expenses: those expenses which can be specifically and exclusively related to the activity within the cost center.

Expense: the cost of services provided; expired cost.

Financial accounting: system that records historical financial information, summarizes it, and provides reports of what financial events have occurred and of what the financial impact of those events has been.

Financial management: the subset of management which focuses on generating financial information that can be used to improve decision-making.

Financial statements: reports that convey information about the organization's financial position and the results of its activities.

Fringe benefits: employee benefits, compensation provided to employees in addition to their base salary. Examples are health insurance, life insurance, vacation, or holidays.

Indirect costs: a) costs assigned to an organizational unit from elsewhere in the organization; b) costs within a unit that are not incurred for direct provision of goods or services.

Internal control: a system of accounting checks and balances designed to minimize both clerical errors and the possibility of fraud or embezzlement; the process and systems that ensure that decisions made in the organization are appropriate and receive appropriate authorization.

Modified Total Direct Cost: all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards and subcontracts up to the first \$25,000 of each subaward and subcontract.

Payment register: a permanent journal that records financial transactions.