# PROGRAMMATIC RISK ASSESSMENT QUESTIONNAIRE (PRAQ)

The purpose of this assessment is to evaluate the programmatic risk of the applicant. 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.

Based on the applicant's responses to the questionnaire, the risk rating is computed. Medium or high risk in any risk category will result in specific conditions in the NOSA and U-IGA pursuant to 2 CFR 200.207.

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

## Administering the Programmatic Risk Assessment

A. The programmatic risk assessment questionnaire is distributed to the applicant by the agency prior to an awarding decision.
B. The applicant returns the completed questionnaire to the awarding agency following the agency's protocol.
C. The awarding agency assigns a point value to the questionnaire responses: 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 questionnaire, the average is computed.
    3. The average determines the applicant's risk rating: 1-1.4 = Low Risk; 1.5–2.4 = Medium risk, 2.5 – 3 = High Risk
D. If the **Average risk rating is Medium or High** (as defined above), applicable specific condition(s) are assigned. Refer to the Programmatic Specific Conditions chart for general verbiage. Consider standard program requirements when setting specific conditions. For example, **if standard reporting is quarterly more frequent reporting would be monthly**.

The agency communicates the applicable specific condition(s) through the NOSA and U-IGA.

RESET FORM

# A SEPARATE PROGRAMMATIC RISK ASSESSMENT IS REQUIRED FOR EACH GRANT APPLICATION. RESPONSES MUST BE PROGRAM-SPECIFIC.

| | |
|---|---|
| **PROGRAM ASSOCIATED WITH THIS PROGRAMMATIC RISK ASSESSMENT:** | LEAD SERVICE LINE INVENTORY (LSLI) GRANT PROGRAM |
| **FISCAL YEAR:** | FY23 |
| **AWARDING STATE AGENCY:** | ILLINOIS ENVIRONMENTAL PROTECTION AGENCY |
| **ENTITY COMPLETING PROGRAMMATIC RISK ASSESSMENT:** | |
| **INDIVIDUAL COMPLETING PROGRAMMATIC RISK ASSESSMENT:** | |
| **CONTACT INFORMATION FOR COMPLETER (PHONE AND EMAIL):** | |

The questionnaire below will be used to help determine the associated risk levels of entering into an agreement with the applicant. Please select the appropriate answer for each of the questions within the questionnaire provided below as it applies to the program. If you have any questions while completing this PRAQ, please feel free to contact either Lanina Clark lanina.clark@illinois.gov, Jillian Fowler jillian.fowler@illinois.gov, or Rachael Heaton rachael.heaton@illinois.gov for assistance.

## 1. GATA PORTAL – FISCAL AND ADMINISTRATIVE RISK ASSESSMENT QUESTIONNAIRE (ICQ)

The **Fiscal and Administrative Risk Assessment Questionnaire (ICQ)** must be completed prior to the application submittal. This is located within the GATA Portal. The applicant must complete the Fiscal and Administrative Risk Assessment Questionnaire in the GATA Portal for **Fiscal Year 2023 & 2024.**

**Fiscal Year 2023 & 2024 ICQ COMPLETED/SUBMITTED in the GATA Portal:** ☐ YES ☐ NO **Date Submitted:** _____

## 2. FINANCIAL STABILITY

**a.** Applicant must attach a copy of their Statement of Activities from their most recent financial audit as part of their review.

**STATEMENT OF ACTIVITIES attached to this completed PRAQ:** ☐ YES ☐ NO

**b.** How significant are the program funds in relation to the organization's overall budget? **SELECT**

**c.** Is the program funding diversified across multiple sources including fundraising or endowments? **SELECT**

## 3. ABILITY TO EFFFECTIVELY IMPLEMENT REQUIREMENTS

**a.** Does the key program staff have experience with this program? **SELECT**

## 4. CAPACITY

**a.** Is adequate staffing planned for the program implementation? **SELECT**

**b.** Will the program funds be less than 25% of the organization's budget? **SELECT**

**c.** Will the program require scaling up (50% of staffing) or is a major (50%) part of the organization's overall budget? **SELECT**

**d.** Does the organization have to scale up significantly (more than 100% increase in staffing/resources) in order to perform the program? **SELECT**

**e.** Does the organization have the ability to track personnel time applied to this program? **SELECT**

## 5. EXTERNAL PARTNERSHIPS

**a.** How dependent is the recipient on external partners (through contracts, procurements or subgranting) to meet program goals and performance? **SELECT**

**b.** Does the organization have experience working with the external partner(s)? **SELECT**

**c.** Did the applicant acknowledge that they are responsible for the performance of their subrecipient or other external partner and ensuring adequate monitoring? **SELECT**

## 6. REPORTING

### a. REPORTING HISTORY

**1.** The organization has submitted financial and programmatic reporting timely and as required for prior grant awards? **SELECT**

### b. REPORTING CAPACITY

**1.** Has someone been designated to oversee performance reporting for this program? Is there segregation of duties to ensure accurate and validated reporting? **SELECT**

**2.** Are staff preparing reports familiar with program requirements, deliverables, and outcomes? Note that new hires in need of training are always high risk. **SELECT**

**3.** Are there mechanisms in place to ensure data accuracy and integrity? **SELECT**

**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 REPRESENTATIVE (PRINTED) | TITLE |
|---|---|
| AUTHORIZED REPRESENTATIVE (SIGNATURE) | DATE |

***REMEMBER TO ATTACH YOUR <u>STATEMENT OF ACTIVITIES</u> TO THIS COMPLETED PRAQ***