

Program Risk Analysis

Grantee: Date:

Program Director: Grant Year:

Site Director 1/Coordinator 1: Number of Sites:

Site Director 2/Coordinator 2:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Risk Factors** | **Pts.** | **Comments** |
| **5 Points** | 1. New Program/Administrator/Staff |  |  |
| 2. Claims not submitted monthly |  |  |
| 3. SDE audit findings |  |  |
| 4. Required 21st CCLC meetings not attended by the appropriate team members |  |  |
| 5. Required reports not submitted in a timely manner |  |  |
| 6. Carryover funds in excess of allowed amount |  |  |
| 7. No response to SDE correspondence/requests |  |  |
| 8. Unclear roles and responsibilities / weakness of internal controls |  |  |
| 9. Formal complaint against grantee |  |  |
| 10. Other significant issue requiring selective review |  |  |
| **3 Points** | 11. Compliance Plan currently in place |  |  |
| 12. Data Reporting incomplete/incorrect |  |  |
| 13. Fewer student participants than applied for or decreasing participation |  |  |
| 14. Maintenance of effort not met |  |  |
| 15. Over 2 years since last monitoring visit |  |  |
| **1 Point** | 16. Grant award is greater than $200,000 |  |  |
| 17. Geographic distance from SDE exceeding 60 mi. |  |  |
| 18. Capital purchases made (exceeding $5,000) |  |  |
| 19. Over 1 year since last monitoring visit |  |  |
|  | Point Total |  |  |

Action Needed: □ Priority Monitoring Visit □ Priority Site Visit □ Site Visit

Action Scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_