

Risk Assessment Review Form

Program Name: _____ Program Year: _____

Current Date: _____ Prepared By: _____

This form should be completed by November 15th of the grant period and mid-year by March 15th. Please select YES or NO for each question. Add responses at the end of each section to assign a risk rating. Use the last page to determine a monitoring plan.

Section One

Risk Factors	Yes	No
Has the program had any compliance findings (background checks, stewardship of funds) or other risk factors (i.e. no AmeriCorps or federal grant experience, no audit) warranting a high-risk rating?		
Answering yes above automatically places a program in the high-risk category (+19).		

Section Two

Risk Factors	Yes	No
Has the organization received AmeriCorps State funds through ServeWyoming for more than 3 years?		
Has the program submitted most (3/4 or 4/5 with no cost ext.) of their financial reports on time?		
Has the program submitted most (3/4 or 4/5 with no cost ext.) their progress reports on time?		
Does lead programmatic staff have greater than 5 years combined experience with AmeriCorps state and national grants?		
Does lead financial staff have greater than 5 years combined experience with federal grants?		
Does the organization have experience managing non-AmeriCorps Federal grants?		
Has program staff attended all required trainings?		
Does the program communicate updates/issues to the Commission?		
Did the program's audit without any material findings?		
Has the program met their budgeted match?		
Did the program participate in all the required National Days of Service?		
TOTAL "No" responses		

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Risk Factors	Yes	No
In the last year has the program had turnover in key program Staff?		
Has the program failed to reach 95% enrollment?		
Has the program failed to reach 90% retention?		
Has the program failed to reach 95% on time enrollments?		
Has the program failed to reach 95% on time exits?		
Has the program failed to meet all of its performance measures?		
Has ServeWyoming received any complaints regarding the program?		
Has the program exceeded the 10% budget transfer limit?		
TOTAL "Yes" responses		

Sum of section two and three totals	
Total greater than or equal to 19	High Risk
Total equal to 10-18	Med. Risk
Total of less than 10	Low risk

COMMENTS: