

 <b>CDOT SUBRECIPIENT RISK ASSESSMENT</b>		Date:		
Name of Entity (Subrecipient):				
Name of Project / Program:				
Estimated Award Period:				
Entity Chief Administrative Officer or equivalent:				
Entity Chief Financial Officer or equivalent:				
Entity Representative for this Self Assessment:				
<b>Instructions: (See "Instructions" tab for more information)</b> 1. Check only one box for each question. All questions are required to be answered. 2. Utilize the "Comment" section below the last question for additional responses. 3. When complete, check the box at the bottom of the form to authorize.		Yes	No	N/A
<b>EXPERIENCE ASSESSMENT</b>		Yes	No	N/A
29	Is your entity new to operating or managing federal funds (has not done so within the past three years)?			
INS	Is this funding program new for your entity (managed for less than three years)? <i>Examples of funding programs include CMAQ, TAP, STP-M, etc.</i>			
INS	Does your staff assigned to the program have at least three full years of experience with this federal program?			
<b>MONITORING/AUDIT ASSESSMENT</b>		Yes	No	N/A
INS	Has your entity had an on-site project or grant review from an external entity (e.g., CDOT, FHWA) within the last three years?			
5	a) Were there non-compliance issues in this prior review?			
	b) What were the number and extent of issues in prior review?	1 to 2	≥ 3	
<b>OPERATION ASSESSMENT</b>		Yes	No	N/A
51	Does your entity have a time and effort reporting system in place to account for 100% of all employees' time, that can provide a breakdown of the actual time spent on each funded project? <i>If No, in the comment section please explain how you intend to document 100% of hours worked by employees and breakdown of time spent on each funding project.</i>			
<b>FINANCIAL ASSESSMENT</b>		Yes	No	N/A
7	a) Does your entity have an indirect cost rate that is approved and current?			
	b) If Yes, who approved the rate, and what date was it approved?			
60	Is this grant/award 10% or more of your entity's overall funding?	>10%	<10%	
64	Has your entity returned lapsed* funds? <i>*Funds "lapse" when they are no longer available for obligation.</i>			
68	Has your entity had difficulty meeting local match requirements in the last three years?			
72	What is the total federal funding your entity has been awarded for the last federal fiscal year, and what is your entity's fiscal year end?			

INTERNAL CONTROLS ASSESSMENT		Yes	No	N/A
<a href="#">39</a>	Has your entity had any significant changes in key personnel or accounting system(s) in the last year? (e.g., Controller, Exec Director, Program Mgr, Accounting Mgr, etc.) If Yes, in the comment section, please identify the accounting system(s), and / or list personnel positions and identify any that are vacant.			
<a href="#">81</a>	Does your entity have financial procedures and controls in place to accommodate a federal-aid (or other federally funded) project?			
<a href="#">85</a>	Does your accounting system identify the receipts and expenditures of program funds separately for each award?			
<a href="#">89</a>	Will your accounting system provide for the recording of expenditures for each award by the budget cost categories shown in the approved budget?			
<a href="#">93</a>	Does your agency have a review process for all expenditures that will ensure that all costs are reasonable, allowable and allocated correctly to each funding source? If Yes, in the comment section, please explain your current process for reviewing costs.			
<a href="#">08</a>	How many total FTE perform accounting functions within your organization?	≥ 6	2 to 5	< 2
IMPACT ASSESSMENT		Yes	No	N/A
<a href="#">13</a>	For this upcoming federal award or in the immediate future, does your entity have any potential conflicts of interest* in accordance with applicable Federal awarding agency policy? If Yes, please disclose these conflicts in writing, along with supporting information, and submit with this form. (*Any practices, activities or relationships that reasonably appear to be in conflict with the full performance of the Subrecipient's obligations to the State.)			
<a href="#">17</a>	For this award, has your entity disclosed to CDOT, in writing, violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award? Response options: <b>YES</b> = Check if have one or more violation(s) and have either disclosed previously to CDOT or as part of this form. In the comment section, list all violations with names of supporting documentation and submit with this form. <b>NO</b> = Check if have one or more violation(s) and have not disclosed previously or will not disclose as part of this form. Explain in the comment section. <b>N/A</b> = Check if have no violations.			
PROGRAM MANAGEMENT ASSESSMENT		Yes	No	N/A
<a href="#">22</a>	Does your entity have a written process/procedure or certification statement approved by your governing board ensuring critical project personnel are capable of effectively managing Federal-aid (or other federally funded) projects? If Yes, please submit with this			
<a href="#">26</a>	Does your entity have written procurement policies or certification statement for consultant selection approved by your governing board in compliance with 23 CFR 172*? If Yes, please submit with this form. (*The Brooks Act requires agencies to promote open competition by advertising, ranking, selecting, and negotiating contracts based on demonstrated competence and qualifications, at a fair and reasonable price.)			
<a href="#">22</a>	a) Is your staff familiar with the relevant CDOT manuals and federal program requirements?			
	b) Does your entity have a written policy or a certification statement approved by your governing board assuring federal-aid (or other federally funded) projects will receive adequate inspections? If Yes, please submit with this form.			
	c) Does your entity have a written process or a certification statement approved by your governing board assuring a contractor's work will be completed in conformance with approved plans and specifications? If Yes, please submit with this form.			

d) Does your entity have a written policy or certification statement approved by your governing board assuring that materials installed on the projects are sampled and tested per approved processes. *If Yes, please submit with this form.*

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e) Does your entity have a written policy or certification statement approved by your governing board assuring compliance with the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 and implementing regulations on federally funded projects? *If Yes, please submit with this form.*

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**Comments** -As needed, include the question number and provide comments related to the above questions. Insert additional rows as needed.

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By checking this box, the Chief Administrative Officer or Chief Financial Officer of this entity certifies that, to the best of my knowledge, all information provided on this form is true and correct.



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