State of Rhode Island Subrecipient Risk Assessment Form Updated 2/1/2024

Introductory Information

Generally, this risk assessment, as well as GMS registration, UEI, and debarment checks are **only required for entities that have been tentatively selected** for a subaward.

If the applicant has **never** submitted an Annual Organization Registration, refer them to the GMS website to complete an Annual Organization Registration [https://controller.admin.ri.gov/grants-management/grant-management-system-gms/subrecipients/funding-opportunities]

If the applicant's Annual Organization Registration is out of date, contact GMO to have it returned to the applicant for an update.

Encourage the applicant to update it asap to prevent delays in subaward issuance.

Contact GMO if you need access to the review portal for the Annual Org Registration.

Required Section

Financial Risk Form tab

Agencies may NOT modify this form, except to adjust high/medium/low threshold values.

Recommended Section

Program Risk Form tab

Agencies may modify this form, or use an alternative specific to the program.

Financial Risk Assessment Form

Subrecipient Name	<u>Financial Risk Rating</u>		Organization Financial Score
Reviewer Name	Review Date		Score Range
		High ≥	
		Medium	
		Low ≤	

Field Name	Dropdown Options	Score	Required Field
	UEI with active SAM registration		•
	UEI with inactive SAM registration		
	UEI only; no SAM registration		
	No UEI and no SAM registration		
	Unable to determine		
Verify the entity's UEI in SAM.gov	Did not check		Υ
Are there any Active Exclusions (suspensions or debarments) in	Yes		
SAM.gov?	No		Υ
	Yes		
Has your agency reviewed the applicant's current GMS Annual	No		
Organization Registration?	No current Annual Org Registration available		Υ
Is the required Entity Certification and Non-Disclosure Form	Yes		
signed by the authorized official?	No		Υ
	Yes		
Is the FFATA form complete?	No		Υ
·	Yes		·
	No		
Is the most recent single audit filed with the Federal Audit	N/A, entity receives less than \$750,000 in		
Clearinghouse?	federal funds from all sources		Υ
Has it been more than one year since the recipient had a single	Yes		·
audit completed or met the applicable audit requirements in RI	No		
Subaward Appendix I, part 1.19?	Unknown/Unable to Determine		Υ
Subawaru Appendix I, part 1.19!	Yes		r
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Is the entity new to operating or managing state and/or federal	No		
funds?	Unknown/Unable to Determine		Y
_ ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	Yes		
Does the entity appear to have effective policies, procedures and	1		
controls?	Unknown/Unable to Determine		Y
	Yes		
	No No		
Do the entity's financial reports indicate cash flow problems?	Unknown/Unable to Determine		Υ
	Yes		
Does the Balance Sheet indicate that the organization pays its	No		
bills?	Unknown/Unable to Determine		Υ
	Yes		
Has the organization operated at a loss for the current or past	No		
periods?	Unknown/Unable to Determine		Υ
	Yes		
Do financial statements or management letters disclose potential			
financial problems?	Unknown/Unable to Determine		Y
Has the State or other authority placed the entity in a special	Yes		
financial status or special financial conditions? If yes, please	No		
comment and/or attach documentation.	Unknown/Unable to Determine		Υ
Briefly describe areas of high risk that programmatic staff should			
be aware of during subaward issuance, if any.			N
List any recommended special requirements programmatic staff			
should consider adding to any subawards issued to this recipient			
in the next 12 months.			N
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0.1			
Other reviewer comments			N

Programmatic Risk Assessment Form

Subrecipient Name	Programmatic Risk Rating	<u>Org</u>	ganization Programmatic Sco
Reviewer Name	Review Date		Score Range
		High ≥	
		Medium	
		Low ≤	

Field Name	Dropdown Options	Score	Required Field
How many subawards for this program (or similar	None		
ones) has the applicant received in the past three	1-2		
years? (Generally, similar programs are programs	3-4		
administered by your agency/division with	More than 4		
related/overlapping objectives.)			Υ
Rate the applicant's timeliness in submitting reports,	Extremely timely and responsive (never		
payment requests, and responding to state agency	miss deadlines)		
requests.	Very timely and responsive (rarely miss		
	deadlines)		
	Responses sometimes delayed		
	(sometimes miss deadlines)		
	Responses frequently delayed (often		
	miss deadlines)		
	NA, no recent subawards		Υ
How many times has the applicant been monitored	None		
or audited by your agency or division in the past	1-2		
three years?	3-4		
	More than 4		Υ
How many open/unresolved programmatic findings	None		
does the applicant have on this or similar programs?	1-2		
	3-4		
	More than 4		Υ
In the past three years, what is the value of the	\$0 - \$9,999		
applicant's budget carryover and/or unspent funds on	\$10,000 - \$49,999		
this or similar programs?	\$50,000 - \$99,999		
	\$100,000 - \$249,999		
	\$250,000 - \$499,999		
	\$500,000 or more		Y
In the past three years, has your agency received	Yes		
credible evidence of fraud, waste, mismanagement	No		
or abuse by this applicant (e.g. specific, detailed			
media reports; DOJ press releases; complaints			
under investigation by state and/or federal			
authorities; etc.)?			Y
In the past three years, has your agency suspended	Yes		
or terminated an agreement with this applicant for	No		V
cause?			Y
Program Specific Attachment: Rate accordingly			N N
Program Specific Attachment: Rate accordingly			N
Other reviewer comments			N