**Partner Agency Risk Assessment**

**Project**: Name of Project   
**Award Period**: Oct. 1, 202X – Sept. 30, 202X

**Partner Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed By: (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Is this the first time the agency has partnered with the fiscal agency? Yes  No   
   (If yes, skip remaining questions)
2. Has the contact person changed for this agency? Yes  No
3. Are there delays in receiving financial information from this partner agency? Yes  No
4. Are there delays in correspondence regarding grant activities? Yes No

|  |  |  |
| --- | --- | --- |
| 0- 1 Yeses | Applicant considered low risk | **LOW** |
| 2 Yeses | Applicant considered medium risk | **MED** |
| 3 Yeses | Applicant considered high risk | **HIGH** |

Based on the rating scale in the Risk Assessment Form, applicants will be placed in one of the following risk areas:

**High Risk**

1. Schedule a discussion regarding potential problems identified in the risk assessment.
2. Identify corrective actions and implement due dates.
3. Conduct quarterly check-ins to identify training and technical assistance needs and progress toward the corrective plan.
4. If problems persist, schedule a meeting with the OTS Coordinator to determine next steps.

**Medium Risk**

1. Schedule a discussion regarding potential problems identified in the risk assessment.
2. Identify corrective actions and implement due dates.
3. If problems persist, schedule a meeting with the OTS Coordinator to determine next steps.

**Low Risk**

Follow standard grant procedures.