**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.