

# NEMA Public Assistance Program RISK ASSESSMENT

Title: Public Assistance Grants

CFDA Number 97.036

## APPLICANT ORGANIZATION INFORMATION

*Applicant Organization Name*

*Federal Declaration Number*

## AUTHORITY

The purpose of this assessment is to evaluate the risk of the applicant organization. Limited program experience, results of previous audits, changes in personnel/systems and/or results of prior monitoring/site visit protocols may increase an applicant's degree of risk but will not preclude the applicant from becoming an applicant. The applicant's degree of risk may require additional monitoring during the grant period of performance, in accordance with 2 CFR, 200.331.

## QUESTIONS

- 1. How many prior Public Assistance Program or similar federal grants has your organization managed during the last five (5) years?**
  - Three (3) or more declaration grants
  - Two (2) declaration grants
  - One (1) declaration grant
  - Zero (0) declaration grant
  
- 2. What types of findings has your organization received in single audits during the past five (5) years?**
  - No significant findings
  - Some minor findings
  - Some moderate findings (corrective actions must be made)
  - Significant findings (funding must be returned)
  
- 3. Have the personnel or systems in your organization uses to manage grants changed during the past five (5) years?**
  - No significant changes
  - Some minor changes
  - Some moderate changes (personnel or systems)
  - Significant changes (personnel and systems)
  
- 4. What types of findings has your organization received in monitoring or site visits during the past five (5) years?**
  - No significant findings
  - Some minor findings
  - Some moderate findings (corrective action must be made)
  - Significant findings (funding must be returned)

## CERTIFICATION

I certify the information provided in this assessment is true and accurate, and that all occurrences of prior grant non-compliance have been disclosed.

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative (Printed)

\_\_\_\_\_  
Title