

GENERAL ASSESSMENT

1. Is the entity new to operating or managing state and/or federal funds (*has not done so within the past five years*)?

Yes ☐ No ☐ N/A ☐

COMMENTS

2. Has there been high staff turnover or has the agency reorganized within the last three years?

Yes ☐ No ☐ N/A ☐

COMMENTS

3. Are the staff assigned to the programs inexperienced with the programs (*worked with a program for less than two funding cycles*)?

Yes ☐ No ☐ N/A ☐

COMMENTS

4. Has the entity been untimely in the submission of:

a) grant applications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b) fiscal reporting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
c) draw downs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
d) budgets/revisions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

COMMENTS

MARYLAND DEPARTMENT OF AGING (MDoA) RISK ASSESSMENT TOOL

5. Has the entity been timely in responding to program/fiscal questions?

Yes ☐ No ☐ N/A ☐

COMMENTS

6. Have members of the agency (*program offices, auditors, staff employed by the entity, etc.*) alerted MDoA of potential risk areas?

Yes ☐ No ☐ N/A ☐

COMMENTS

7. Does the entity have effective procedures and controls?

Yes ☐ No ☐ N/A ☐

COMMENTS

8. Other areas of general assessment risk or concern:

COMMENTS

LEGAL ASSESSMENT

1. Does the agency/entity have or previously had a lawsuit(s) filed against them?

(if yes, list all pending and/or previous lawsuits with detailed information regarding who filed the lawsuit, the reason for filing, and the final judgment rendered)

Yes ☐ No ☐ N/A ☐

COMMENTS

2. Have any organization staff been jailed, convicted of a felony or are currently under criminal investigation?

Yes ☐ No ☐ N/A ☐

COMMENTS

3. Other areas of legal assessment risk (*entity-specific*):

COMMENTS

FINANCIAL SYSTEM ASSESSMENT

1. Does the entity have a financial management system in place to track and record the program expenditures?
(example: QuickBooks, Visual Bookkeeper, Socrates Media, Peachtree or a Custom Proprietary System)

Yes ☐ No ☐ N/A ☐

COMMENTS

2. Does the accounting system identify the receipts and expenditures of program funds separately for each award?

Yes ☐ No ☐ N/A ☐

COMMENTS

3. Will the accounting system provide for the recording of expenditures for each award by the budget cost categories shown in the approved budget?

Yes ☐ No ☐ N/A ☐

COMMENTS

4. Does the entity have a time and accounting system to track and maintain effort (work) by funding source/program?

Yes ☐ No ☐ N/A ☐

COMMENTS

5. Does the entity have an indirect cost rate?

Yes ☐ No ☐ N/A ☐ (if yes, please include the rate and the entity approving the rate in the comments)

COMMENTS

MARYLAND DEPARTMENT OF AGING (MDoA) RISK ASSESSMENT TOOL

6. Other items of financial system assessment (*entity-specific*)

COMMENTS

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OVERALL FISCAL ASSESSMENT

1. Is the amount of MDoA funding large in terms of percentage of overall funding for the entity?

Yes ☐ No ☐ N/A ☐

COMMENTS

2. Is there an unusual level of discretion in monetary decisions?

Yes ☐ No ☐ N/A ☐

COMMENTS

3. Has the entity frequently been untimely in the drawn down of funds?

Yes ☐ No ☐ N/A ☐

COMMENTS

4. Are there variations over 5% or \$5,000 between expenditures and the approved budget in any individual program/grant?

Yes ☐ No ☐ N/A ☐

COMMENTS

5. Has the entity returned (*lapsed*) significant unspent funds?

Yes ☐ No ☐ N/A ☐

COMMENTS

MARYLAND DEPARTMENT OF AGING (MDoA) RISK ASSESSMENT TOOL

6. Does the entity have a large amount of budget carryover?

Yes ☐ No ☐ N/A ☐

COMMENTS

7. Other items of overall fiscal assessment (*entity-specific*):

COMMENTS

FINANCIAL STABILITY ASSESSMENT

1. Has a State agency or another authority placed the entity in a special financial status (*e.g., financial watch, fiscal emergency, high risk, etc.*)?

Yes ☐ No ☐ N/A ☐

COMMENTS

2. Has the entity ever used special loan or funding programs to meet its cash needs?

Yes ☐ No ☐ N/A ☐

COMMENTS

3. Has the entity had difficulties raising local revenue (*e.g., taxes, levies, fundraising, etc.*)?

Yes ☐ No ☐ N/A ☐

COMMENTS

4. Has the State or other authority placed special financial conditions on the entity's award?

Yes ☐ No ☐ N/A ☐

COMMENTS

5. Do the financial reports show an insufficient fund balance after meeting its obligations?

Yes ☐ No ☐ N/A ☐

COMMENTS

MARYLAND DEPARTMENT OF AGING (MDoA) RISK ASSESSMENT TOOL

6. Has the entity had difficulty meeting matching/maintenance of effort requirements?

Yes ☐ No ☐ N/A ☐

COMMENTS

7. Do the entity's financial reports indicate cash flow problems?

Yes ☐ No ☐ N/A ☐

COMMENTS

8. Do the financial reports indicate possible supplanting issues?

Yes ☐ No ☐ N/A ☐

COMMENTS

9. Do the entity's financial reports indicate a large number of corrections or journals?

Yes ☐ No ☐ N/A ☐

COMMENTS

10. Has the entity provided adequate supporting documentation for draws and reporting requirements?

Yes ☐ No ☐ N/A ☐

COMMENTS

11. Other items of financial stability assessment (*entity-specific*):

COMMENTS

MARYLAND DEPARTMENT OF AGING (MDoA) RISK ASSESSMENT TOOL

Name of Agency_____

Person Completing Assessment_____

Date_____