



## RECOVERY BUREAU RISK ASSESSMENT QUESTIONNAIRE

Per 2 CFR § 200.331, the Recovery Bureau Compliance Unit is required to monitor Subrecipients of Public Assistance funds using a risk-based approach to ensure Subrecipients comply with all financial, administrative and programmatic requirements. To determine the necessary type and level of Subrecipient monitoring, the Compliance Unit must first conduct a Risk Assessment.

Please fill out the enclosed questionnaire to assist the Compliance Unit in understanding Subrecipient's prior experience and current grants management structure. This questionnaire must be completed prior to execution of the Subgrant Agreement.

For questions regarding the Subrecipient Monitoring Program or assistance completing the questionnaire, please contact the Compliance Unit via email at [fdem-pa-compliance@em.myflorida.com](mailto:fdem-pa-compliance@em.myflorida.com).



# RECOVERY BUREAU RISK ASSESSMENT QUESTIONNAIRE

Declaration Number: DR-4734

Subrecipient Name (Entity): Alachua County

Fiscal Year End Date: 9/30/2023

Risk Assessment Completed by: Cheryl Ellis Date: 11/7/2023

1. Has this entity ever been suspended or debarred?

- ☒ A. No, this entity has not been suspended or debarred within the last 10 years.  
☐ B. Yes, this entity has been suspended or debarred in the last 4-10 years.  
☐ C. Yes, this entity is currently or has been suspended or debarred within the last 3 years.

Comments:

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2. Has this entity been ever been awarded Federal funding?

- ☐ A. Yes, the entity has been awarded Federal funding for at least 5 out of the last 10 years.  
☒ B. Yes, the entity has been awarded Federal funding for 2-4 out of the last 10 years.  
☐ C. No, the entity does not have any experience with a Federal Grants program or has only been awarded Federal funding for 1 year or less out of the last 10 years.

Comments:

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3. Has this entity been awarded Public Assistance funding within the last 10 years?

- ☒ A. Yes, this entity has been awarded Public Assistance funding for 2 or more events.  
☐ B. Yes, this entity has been awarded Public Assistance funding for 1 event.  
☐ C. No, this entity has not been awarded Public Assistance funding.

Comments:

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4. Does this entity have experience with projects in the Public Assistance Program within the last 10 years?(choose all that apply)

- ☒ A. Yes, obligated large projects.  
☒ B. Yes, obligated small projects.  
☐ C. No.

Comments:

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5. Was a Federal Single Audit required and performed for this entity's most recent fiscal year?

- ☒ A. Yes.  
☐ B. No, but this entity has been audited by an independent auditor yearly for the last 3 years.  
☐ C. No, this entity has not been audited yearly for the last 3 years.

Comments:

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6. Has there been turnover within the last year of key personnel responsible for Grants Management (e.g. Chief Executive Officer, Accounting Director, Grant Manager and Personnel Officer)?

- ☒ A. No.  
☐ B. Yes, there has been turnover in one (1) Key Personnel position.  
☐ C. Yes, there has been turnover in more than one (1) Key Personnel position.

Comments:

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7. Do key personnel responsible for Grants Management (e.g. Chief Executive Officer, Accounting Director, Grant Manager and Personnel Officer) have experience with Federal Grants Programs?

- ☒ A. Yes, all key personnel have at least one(1) year of experience with Federal Grants Programs.
- ☐ B. One (1) key personnel does not have at least 1 year of experience with Federal Grants Programs.
- ☐ C. Two (2) or more key personnel do not have at least 1 year of experience with Federal Grants Programs.

Comments:

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8. Is this entity's accounting system automated (e.g. QuickBooks, Sage) AND can track the revenues and expenditures of program funds separately for each project?

- ☒ A. Yes.
- ☐ B. No. The entity's accounting system is manual, but can track the revenues and expenditures of program funds separately for each project.
- ☐ C. No, the entity's accounting system is unable to track the revenues and expenditures of program funds separately for each project.

Comments:

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9. Written Policies and Procedures

This entity has written policies and/or procedures addressing (choose all that apply):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Accounting              | <input checked="" type="checkbox"/> Ethics                      |
| <input checked="" type="checkbox"/> Conflict of Interest    | <input checked="" type="checkbox"/> Inventory, Property, and    |
| <input checked="" type="checkbox"/> Internal Controls       | <input checked="" type="checkbox"/> Equipment Records Retention |
| <input checked="" type="checkbox"/> Procurement             |   |
| <input checked="" type="checkbox"/> Timekeeping and Payroll |   |

Comments:

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# RECOVERY BUREAU RISK ASSESSMENT QUESTIONNAIRE

10. Anticipated Project Amounts by Category of Work: (if known)

Category A: \$ \_\_\_\_\_

Category B: \$ 500,000.00

Category C: \$ \_\_\_\_\_

Category D: \$ \_\_\_\_\_

Category E: \$ \_\_\_\_\_

Category F: \$ \_\_\_\_\_

Category G: \$ \_\_\_\_\_

Category Z: \$ \_\_\_\_\_

*For FDEM Use Only*

FDEM Comments:

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Risk Assessment Reviewed by: \_\_\_\_\_ Date: 11/7/2023

Preliminary Result:

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Risk Rating: