



SUBRECIPIENT RISK ASSESSMENT CHECKLIST-HUMAN SERVICE GRANTS
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FINANCE
SFN 164 (3-2024)

Provider Name
Contract Number
New Provider <input type="checkbox"/> No <input type="checkbox"/> Yes - Stop, consider high risk, automatically subject to monitoring review(s)

SFN 1763 Reviews - Previously Received During the Last 5 Years <input type="checkbox"/> No - Stop, consider high risk, automatically subject to monitoring review(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Errors-Financial <input type="checkbox"/> Errors Found - Financial <input type="checkbox"/> Expand Financial Review <input type="checkbox"/> Don't Expand <div>Indicate Reason for Not Expanding</div>
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Audit Reports Required <input type="checkbox"/> Single Audit <input type="checkbox"/> Single Audit Not Required
Findings <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Explain:
Corrective Action Plan acceptable (see Single Audit Monitoring Status Report for details) <input type="checkbox"/> No <input type="checkbox"/> Yes

Change in Key Personnel <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Explain:

Change in Financial Computer System <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Explain:

Overall Risk <input type="checkbox"/> Low <input type="checkbox"/> High		
<input type="checkbox"/> Clean Reviews	<input type="checkbox"/> New Provider	<input type="checkbox"/> Previous Review Errors
<input type="checkbox"/> Single Audit Concerns	<input type="checkbox"/> Change In Key Personnel	<input type="checkbox"/> Change In Computer System
<input type="checkbox"/> Other (specify): _____		

Action taken based on risk

Financial <input type="checkbox"/> Selected for Review <input type="checkbox"/> Will be Added to Random Pool <input type="checkbox"/> Other (specify): _____	
Programmatic (explain): 	
Date	Completed By