Organizational Risk Self-assessment

DC Health assesses the risk of applicants and grantees. This Organizational Risk Self-Assessment Tool will assist in this process. This form should be completed by the Executive Director, Board Chairperson or a delegate knowledgeable of the organization's current and past capabilities, performance and risks. Please answer all questions. Do not leave blanks. Any "NA" (Not Applicable) response will require a brief explanation on this form. This is not scored.

Date of Completion:

Click or tap to enter a date.

Applicant Organization

Legal Name	Other Organization Name / "DBA"

EIN	UEI

Type of Organization	
Choose an item.	**If other:**

Organization Head:

Name	Title	Email	Telephone

Person Completing this Self-assessment

Name	Title	Email	Telephone

Internal Controls	Yes	No	NA
The organization maintains an active Board of Directors as the governing body and to whom administrative, operations and program managers are responsible for reporting.			
The roles of the Board and the Executive Director (Agency Head) are appropriately differentiated.			
The Board sets expectations and qualifications of the Executive Director which are clear and written.			
The organization's operating chart is up-to-date and aligns with the employee roster, their program or service location and function and supervision.			
Written policies and standard operating procedures active (up-to-date) for the following areas:			
▪ Human Resources/Personnel Management / Employee Assistance			
▪ Personnel Time and Effort Certification			
▪ Sub/contractor Acquisition			

	Yes	No	NA*
▪ Cyber security and/or IT policy			
▪ Sexual Harassment & Human Trafficking			
▪ Language Access			
*Explanation: (NA)			

Cash Management	Yes	No	NA*
The organization follows accounting practices which conform to generally-accepted standards and follows funder-specified accounting rules.			
The organization's accounting system has the capacity to segregate grant funds from other funding sources.			
Financial systems for the organization or major service unit have had technical problems negatively impacting efficiency, accuracy of data and time management.			
The organization has never received grant funds from any District of Columbia Government agency in the past year.			
25% or more of any DC Health funds issued to the organization were returned unspent during the prior year funding.			
25% or more of any Non-DC Health funds issued to the Organization were returned unspent during the prior year funding.			
Was the organization severely delinquent (3 or more times) in submitting scheduled invoices or payment reimbursement requests?			
Explanation: **(NA)**			

Audit Results	Yes	No	NA*
An independent audit or review of the organization's financial condition has been conducted annually for the past three years.			
A single annual audit report, required for an entity receiving 750K or more of federal funding in its prior fiscal year was uploaded to the Federal Audit Clearinghouse on time for the prior year audit.			
If applicable, the organization had no findings on the single annual audit in its prior fiscal year			
The organization had one or more findings from on the single annual audit in its prior fiscal year.			
The organization has an open corrective action plan for any prior years' finding.			
The most recent financial statements report that the organization has a positive net worth (fund balance or net assets).			
Has the organization experienced any significant cash flow problems in the past two years?			
Does the organization have cash reserves equal to three months' operating expenses?			
Explanation: **(NA)**			

Performance Management	Yes	No	NA*
Received an assessment in the past 1 to 2 years from a DC Health-funded grant of poor, non-compliant or not progressing program or activity			
Met all targeted objectives and deliverables of a DC Health-funded grant program in the past 1 to 2 years			
Received an assessment in the past 1 to 2 years from a non-DC Health grant of poor, non-compliant or not progressing program or activity			
Met all targeted objectives and deliverables of a non-DC Health-funded grant program in the past 1 to 2 years			
In the past year, for any DC Health or DC Government grant, have you requested a no-cost or cost-extension due to an incomplete project?			
*Explanation:			