

ENTITY 2022 ICQs**FINAL RISK ASSESSMENT**
SINGLE AUDIT

June 30, 2022

Instructions: Circle level of assessed risk for each common requirement for each major program.

Common Requirements:

- A. Activities Allowed or Unallowed
- B. Allowable Costs/Cost Principles
- C. Cash Management
- D. Reserved
- E. Eligibility
- F. Equipment and Real Property
- G. Matching, Level of Effort, Earmarking
- H. Period of Performance
- I. Procurement, Suspension and Debarment
- J. Program Income
- K. Reserved
- L. Reporting
- M. Subrecipient Monitoring
- N. Special Tests and Provisions

| Major Program (CFDA#) | | Major Program (CFDA#) | | Major Program (CFDA#) | |
|---|--|---|--|---|---|
| Applicable? | Risk of material non-compliance with laws/regs. | Applicable? | Risk of material non-compliance with laws/regs. | Applicable? | Risk of material non-compliance with laws/regs. |
| | Control Risk | | Control Risk | | Control Risk |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Mx <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |

Applicable?Control Risk (CR)

Y = Yes

N = Not applicable

Mx = Maximum

S = Slightly below maximum

M = Moderate

L = Low