CSBG
RISK ASSESSMENT 2010

"Risk assessment is the process of evaluating exposure to harm or loss that could arise from some activity associated with the client service contract. It consists of identifying and classifying risks based on certain characteristics, and measuring and evaluating the consequences of these risks." (from OFM's Guide to Client Service Contracting, 12/2000, p. 10)

Name of Organization: _____

Name of Assessor(s):   _____

Question	Comments	(the lower the number, the higher the risk)					
		1 (hi)	2	3	4	5 (low)	na
1. FINANCIAL							
a. Findings in the last audit (same audit firm used many years; same person each year; late audits).							
b. Unresolved audit findings or exceptiosn from prior years.							
c. Findings in the LIHEAP Fiscal Monitoring, or other CTED programs.							
d. Agency typically late drawing down funds (look at budget vs actual; how many days to close at end of year? How long to reconcile monthly?).							
e. Changes in key management or financial staff.							
f. Cash flow problems (no reserve funds; short-term loans; aged payables over 60 days; little CSBG used for direct; improper expenditures based on cost allocations).							
g. Donor base is shrinking.							
Totals:		0	0	0	0	0	
2. PLANNING AND EVALUATION							
a. CSBG community assessment is out of date, not appropriate in scale.							
b. Community plan lacks attention to detail--incomplete, inaccurate, no good narrative example.							
c. No strategic planning process in place (do they use policies in this?).							
d. Lack of support of ROMA concepts (no staff/bd mbr training).							
e. No ROMA tools used for planning, PR, evaluation (what do they measure on an ongoing, repeating basis--internal, external?)							
f. No participation in service or resource planning with community partners such as HUD Continuum of Care plan).							
g. No self-assessment on a regular basis.							

h. No MIS to feed info into planning process.						
Totals:		0	0	0	0	0	
3. PROGRAMS AND SERVICES						
a. Untimely reports of services and outcomes.						
b. Services do not consistently meet grant goals.						
c. Lack of a system to evaluate and improve programs and services.						
d. No demonstrated effective or best practices.						
e. Lack of integrated management of programs/services across sites.						
f. Lack of community indicators or community outcomes to measure progress.						
g. Program(s) on probation or lost programs.						
h. Funds diminishing (local, state, federal, foundation).						
I. Funder has called for independent program audit due to poor performance or questionable practices.						
j. Non-competitive leveraging of funds.						
Totals:		0	0	0	0	0	
4. HUMAN RESOURCES						
a. Personnel policies out of date (look for whistleblower system).						
b. Little or no investment in staff development (do staff know about policies?).						
c. No succession planning of key staff.						
d. No annual performance evaluations.						
e. No cross-training of key staff.						
f. Instability among key staff--constant turnover for Executive Director, Program Managers, fiscal.						
g. No method for routinely communicating with all staff (look for how mgmt gets staff feedback).						
h. No periodic salary survey conducted.						
I. Compensation plans dissimilar to like-sized orgs in the same geographic area.						
Totals:		0	0	0	0	0	
5. RELATIONSHIPS						

a. No participation in collaborative projects with state agencies; local governments; and non-profit or faith-based organizations that serve low-income people.							
b. Lack of advocacy/education in community for low-income.							
c. Lack of leadership by director and staff in the community (taskforce membership; organizing; donating funds and/or time).							
d. Community impact: no increase in ersources or quality of services for low-income people in the community as a result of programs.							
e. Relationships with funders are not transparent and respectful.							
f. There have been complaints about the agency from customers, colleagues, staff or funders.							
Totals:		0	0	0	0	0	

6. LEADERSHIP AND GOVERNANCE

a. The Board is out of compliance with CSBG rules (look for tripartite structure).							
b. No written statement of qualifications for Board members.							
c. Ew/returning Board members do not receive orientation (look for job description, separation of job duties).							
d. The Board does not review or understand financial reports.							
e. The Board does not set policies to ensure the CAA is run legally, ethically and effectively.							
f. Board members/managers have received no poverty or community action training in the last 3 yrs.							
g. Board members spend no time advocating for the agency in the community.							
h. The Board fails to evaluate the Executive Director annually based on job description & performance.							
I. Exec Dir has no development plan to support growth as a leader.							
j. Bylaws do not specify term limits for Board members.							
k. Most (90 percent) board meetings do not have a quorum according to the bylaws.							
l. Members do not participate in strategic planning.							

m. Agency does not have a clear policy on conflict of interest.						
Totals:		0	0	0	0	0
7. RESULTS						
a. No performance targets are set.						
b. Programs are not integrated.						
c. No systematic way to collect program data (targets, services, outputs, outcomes, unduplicated # of clients).						
Totals:		0	0	0	0	0
GRAND TOTALS:		0	0	0	0	0

CATEGORY	POSSIBLE RANGE		SCORE	SCORE BAND (see below)		
Financial	7-35		0			
Planning/Evaluation	8-40		0			
Programs, Services	10-50		0			
Human Resources	9-45		0			
Relationships	6-30		0			
Leadership	13-65		0			
Results	3-15		0			
GRAND TOTAL	56-280		0			

RISK FACTOR (circle one) :

			Vulnerable	Stable	Safe	Thriving
SCORE BANDS:		In Crisis (56-100)	(101-150)	(151-200)	(201-230)	(231-280)

LAST CSBG MONITORING VISIT: _____

BASED ON THIS RISK ASSESSMENT, A CTED MONITORING VISIT IS RECOMMENDED Y/N

A CTED MONITORING VISIT IS SCHEDULED FOR _____

COMMENTS:	*date:*	*initials:*