Exhibit 3

**Subrecipient Risk Assessment Form**

**Prepared By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Instructions***: This form is to be completed by Sponsored Projects Administration (SPA) as part of their assessment of potential Subrecipient risk. This form should be used in conjunction with the Risk Analysis Matrix for Subrecipients (see Exhibit 2).

**SECTION A:**

|  |  |
| --- | --- |
| **Subrecipient Name** |  |
| **Project Title** |  |
| **Project Sponsor** |  |
| **Project Period** |  | **Total Award Amount:** |
| **PI Name** |  |
| **PI Phone & E-mail** |  |

 CHECK THE APPROPRIATE BOX

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2 CFR 200 Audit filed and compliant?** | **Yes** |  | **No** |  |
| **For Profit, publicly traded?** | **Yes** |  | **No** |  |

|  |
| --- |
| **If both answers are “No”, then complete Section B.** |

**SECTION B:**

|  |  |  |
| --- | --- | --- |
| **Measure** | **Low** | **High** |
| **Foreign vs Domestic** |  |  |
| **Maturity of Organization** |  |  |
| **Subrecipient Organization Type** |  |  |
| **Award Type** |  |  |
| **Relative Subaward size** |  |  |
| **Financial & Administrative Systems** |  |  |
| **Negotiated Indirect Cost Rate Agreement** |  |  |
| **Audit Report** |  |  |
| **Prior Experience** |  |  |
| **Service Site Location** |  |  |

**Analysis:** SPA with consultation from the PI, will determine the classification of the potential Subrecipient (i.e., low-risk or high-risk). A case-by-case review is required so that an informed decision can be made regarding whether heightened monitoring is required and, if so, what type of additional monitoring should occur.

**Debarred Entity** (see [www.epls.gov/](http://www.epls.gov/)): □ Yes □ No

**Final Risk Rating**: □ Low Risk □ High Risk

**Heightened Monitoring**: Identify all appropriate heightened monitoring that is warranted for this Subrecipient (check all that apply):

□ As a condition of NMIMT payment, submit copies of supporting documentation.

□ Technical performance reports submitted to NMIMT □ Quarterly □ Monthly □ Other:\_\_\_\_\_\_\_\_\_\_.

□ Submission of trip reports within \_\_ days of travel to substantiate purpose of travel related to project activities.

□ Site visit by PI or project director to evaluate both compliance with the scientific and technical objective of the

 project and the appropriateness of the Subrecipient’s administrative systems, processes, and charges. □ Audit of Subrecipient at Subrecipient’s expense.

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments/Justifications**:

**Filing instructions**: SPA to place copy of completed form in project file.