

Programmatic Risk Assessment Questionnaire FY26

**Each Applicant must complete one Programmatic Risk Assessment.
Responses must be program-specific.**

Program Associated with this Programmatic Risk Assessment:	Illinois National Electric Vehicle Infrastructure Program; CSFA [INSERT CSFA NUMBER HERE]
Applicable CFR or state citation:	National Electric Vehicle Infrastructure Standards and Requirements 23 CFR 680
Awarding State Agency:	Illinois Department of Transportation
Entity Completing Programmatic Risk Assessment:	
Individual Completing Programmatic Risk Assessment:	
Contact Information for Completer (Phone and Email):	

To comply with federal risk assessment requirements of 2 CFR 200.205, the state awarding agency must review the programmatic risk posed by applicants. Illinois utilizes this programmatic risk assessment questionnaire to comply with the federal requirements.

1. Quality of management systems and ability to meet the management standards.

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

- | | |
|--|---|
| a. Program outcome tracking and reporting mechanisms | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| b. Relevant documentation of services/goods delivered | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| c. Staff management policies and procedures | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Standards of conduct re: selection, award or administration of grants | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| e. Real or perceived conflict of interest re: selection, award or administration of grants | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |

- f. Complaint/grievance resolution policies and procedures ☐ YES/ ☐ NO
- g. Safeguarding funds, property and other assets against loss from unauthorized use of disposition ☐ YES/ ☐ NO
- h. Management of grant terms ☐ YES/ ☐ NO
- i. Written approval from funding agency when key personnel change ☐ YES/ ☐ NO
- j. Written approval from funding agency when program scope changes ☐ YES/ ☐ NO
- k. Participant eligibility, if applicable ☐ YES/ ☐ NO / ☐ NOT APPLICABLE

1.2 Do you have internal controls that govern program delivery on the topics of:

- a. Quality assurance reporting ☐ YES/ ☐ NO
- b. Unit costs, expense analysis/management ☐ YES/ ☐ NO
- c. Accreditation/licensing compliance program ☐ YES/ ☐ NO
- d. Preventing discriminatory services ☐ YES/ ☐ NO
- e. Promoting equitable access to EV charging infrastructure ☐ YES/ ☐ NO
- f. Restoration following an extreme weather event ☐ YES/ ☐ NO
- g. Long-term maintenance after NEVI funds are exhausted ☐ YES/ ☐ NO
- h. Ensuring the security of the charging station ☐ YES/ ☐ NO
- i. Monitoring charging station to ensure constant connectivity ☐ YES/ ☐ NO
- j. Dedicated resources to work on high-powered equipment ☐ YES/ ☐ NO
- k. Protection against cybersecurity threats ☐ YES/ ☐ NO
- l. Protection of confidential information – specifically credit card information ☐ YES/ ☐ NO

1.3 How many years of experience does the project leader have managing the scope of services required under this program?

- ☐ More than five years
- ☐ One to five years
- ☐ Less than one year

1.4 Does the organization have a time and effort system to track program-specific work performed?

☐ YES/ ☐ NO

If “Yes” (answer questions below); If “No” (skip to question 1.5)

- a. Does the system record all time worked, including time not charged to awards? ☐ YES/ ☐ NO
- b. Does the system include sign-off by the employee and supervisor? ☐ YES/ ☐ NO

1.5 Are program payments based on a rate or unit of service?

☐ YES/ ☐ NO

If “Yes” (answer questions below); If “No” (skip to question 1.6)

- a. Does the organization have written procedures to ensure accurate invoicing? ☐ YES/ ☐ NO
- b. Does a second person sign-off on the invoice? ☐ YES/ ☐ NO

1.6 Does the program have a match or related requirements?

☐ YES/ ☐ NO

If “Yes” (answer questions below); If “No” (skip to question 1.7)

- a. Does the organization have written procedures for match reporting? ☐ YES/ ☐ NO
- b. Does a second person sign-off on match reporting? ☐ YES/ ☐ NO

1.7 Is the organization prepared to utilize periodic performance reports to communicate program outcomes? (Select only one)

- ☐ Performance reports are an established part of grant management procedures.
- ☐ Performance data reporting is being developed as part of grant management procedures.
- ☐ We do not currently report performance data within our grant management.

2. History of Performance

2.1 How many years of experience does your organization have with grants of comparable scope and/or capacity?

- ☐ More than five years
- ☐ One to five years
- ☐ Less than one year
- ☐ No experience **Skip to Question 3.3**

2.2 If your organization has received grants of comparable scope and/or capacity, provide a brief description of similar project goals and outcomes; specify the applicable year(s):

2.3 During your last two fiscal years, how frequently has the organization submitted project performance reports on time?

- ☐ Always
- ☐ Reported late up to three times
- ☐ Reported late four or more times
- ☐ Not applicable – not a requirement of awards previously received

2.4 Does your organization have performance measurements that tie to financial data? ☐ YES/ ☐ NO

2.5 Have there been any significant changes in your organization in the last fiscal year related to program delivery?

- a. Management/leadership personnel ☐ YES/ ☐ NO
- b. Reorganization or parent/subsidiary relationships ☐ YES/ ☐ NO
- c. Significant changes in programs/grants funded ☐ YES/ ☐ NO
- d. Statutory or regulatory requirements imposed on your organization type ☐ YES/ ☐ NO

2.6 Provide a brief explanation for all “YES” responses to question 2.5.

2.7 Will a sub-grantee/sub-recipient/sub-award be utilized to manage, administer or complete the project? If the applicant is submitting multiple applications and the response to this question varies across applications, please provide additional details in the text box below.

☐ YES/ ☐ NO

If necessary, provide additional details here:

If NO, skip to question 3.1.

2.8 What responsibilities will the sub-grantee/sub-recipient/sub-award perform under this program? If the applicant is submitting multiple applications and the response to this question varies across applications, please provide additional details in the text box below.

- | | |
|---|---|
| a. Site Assessment | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| b. Site Design | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| c. Infrastructure Supply | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| d. Infrastructure Installation | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| e. Infrastructure Operations | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| f. Infrastructure Maintenance | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| g. Performance reporting | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| h. Financial reporting | <input type="checkbox"/> YES/ <input type="checkbox"/> NO |
| i. Other | |

If necessary, provide additional details here:

2.9 What percentage of grant funds does the organization anticipate passing to sub-grantees/sub-recipients/sub-awards? If the applicant is submitting multiple applications and the response to this question varies across applications, please provide additional details in the text box below.

- ☐ Less than 10%
☐ 10-20%
☐ More than 20%

If necessary, provide additional details here:

2.10 Does your organization have an implemented policy for sub-grantee/sub-recipient monitoring?

If yes, does it include:

- ☐ On-site review
☐ Review of prior monitoring and desk/quantitative review
☐ Review of prior monitoring only
☐ Desk/quantitative review only

3. Reports and Findings from audits performed under Subpart F – Audit Requirements of this part or the reports and findings of any other available audit.

3.1. During the last two fiscal years, has your organization been out of compliance with programmatic terms and conditions of awards?

- ☐ Organization has not been audited; **Skip to Question 3.6**
☐ No occurrences of non-compliance; **Skip to Question 3.6**
☐ One to three occurrences of non-compliance
☐ Four or more occurrences of non-compliance

3.2. If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence.

3.3. Have corrective actions been implemented within the specified timeframe?

☐ YES/ ☐ NO

3.4. Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open.

3.5. Have there been findings regarding conflict of interest within the last two fiscal years?

☐ YES/ ☐ NO

- a. If NO, skip to question 3.6
- b. If YES, specify the finding and your response to the finding.

3.6. Has your organization even been subject to specific conditions due to program issues?

☐ YES/ ☐ NO

- a. If NO, to go question 4.1.
- b. If YES, specify the specific condition, why it was imposed, and whether or not it is still applicable.

4. Applicants ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

4.1. To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (sensible)?

- ☐ Policies are implemented and followed
- ☐ Policies are implemented, but not consistently followed
- ☐ Policies are being implemented
- ☐ The organization does not currently have these type of policies

4.2. To what extent does your organization have policies to ensure programmatic activities are allowable?

- ☐ Policies are implemented and followed
- ☐ Policies are implemented, but not consistently followed
- ☐ Policies are being implemented
- ☐ The organization does not currently have these types of policies

4.3. Has the organization been out of compliance with any statutory, regulatory or other requirements of grant funding within the last two fiscal years?

☐ YES/ ☐ NO

If YES, provide an explanation

4.4. To what extent is your organization able to comply with all statutory requirements of this program?

- ☐ Fully able to comply with all statutory requirements
- ☐ With the following exception(s), the organization is able to comply:
Text response of exception(s)

5. Agency-specific Questions (As applicable based on terms of the Notice of Funding Opportunity)

5.1. Describe your experience complying with matching, level of effort, and earmarking requirements related to program delivery.

5.2. Describe your experience complying with Davis Bacon or the McNamara-O'Hara Service Contract Act.

5.3. Describe your plan for complying with Build America Buy America (BABA) requirements.

- 5.4. Explain your plan for long-term financial sustainability of the project after NEVI funds are exhausted.
- 5.5. Does your organization have any NEVI-funded projects in progress? If yes, how many and where are they located? Additionally, for each NEVI-funded project, indicate the level of completion.
- 5.6. Does your organization have any delayed NEVI-funded projects? For delayed projects provide the reason for the delay and where they are located.
- 5.7. Identify any potential challenges or risks associated with construction and implementation, and your mitigation strategies. If the applicant is submitting applications for multiple locations and the response to this question varies across applications, please provide additional details.
- 5.8. If the proposed charging station is on a flood plain, describe your mitigation strategies to protect the equipment. If the applicant is submitting applications for multiple locations and the response to this question varies across applications, please provide additional details.

5.9. Identify any potential environmental or community concerns associated with the project. If the applicant is submitting applications for multiple locations and the response to this question varies across applications, please provide additional details.

Certification Section – By signing this questionnaire, I certify to the best of my knowledge and belief that the responses are true, complete and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (2 CFR 200.415)

Authorized Signature

Date