	RISK ASSESSMENT OUESTIONAIRE					
	NOTE: Please have all all compliance documentation ready to be verified at time of site visit.	AGENCY NA	AME: [Co	mpany's name]		
	PLEASE FILL OUT ALL QUESTIONS AND RETURN BEFORE :	DATE:	3/1	2/18		
	-QUESTIONS	ANSWERS				
		YES	NO		DETAILS	
	Experience					
	1.) Is the FTA 5310 funding new for your entity? (managed for less than 2 years)					
	2.) Does your staff assigned to the program have at least 2 years of experience with this federal program?					
	Monitoring/Audit					
	3.) Has your entity had an on-site project or grant review from an external entity (UTA, UDOT, FTA, FHWA, County Gov. or other Fed Agency) within the last three years?					
	5.) a) Were there non-compliance issues prior to this review?					
	b) What were the number and extent of issues in prior review?					
	Operation					
	6.) Does your entity have a time and effort reporting system in place to account for 100% of all employees' time that can provide a breakdown of the actual time spent on each funded project? If no, in the comment section please explain how you intend to document 100% of hours worked by employees and breakdown of time spent on each funding project?					
	Financial					
	7.) a) Is this grant/award 10% or more of your entity's overall funding?					
	b) In details, please tell us what percentage of your overall budget is federal funds?					
	8.) Has your entity returned lapsed* funds? * Funds lapse when they are no longer available for obligation.					
	9.) Has your entity had difficulty meeting local match requirements in the last three years?					
	10.) a) What is the total federal funding your entity has been awarded for the last federal fiscal year?					
	b) What is your entity's fiscal year? (e.g. 1 July - 30 June)					
	Internal Controls					
	11.) Has your entity had any significant changes in key personnel or accounting system(s) in the last year? (e.g. Controller, Exec Director, Program Mgr, Accounting Mgr, etc.)					
	12.) Does your entity have financial procedures and controls in place to accommodate a federal-aid project?					
	13.) Does your accounting system identify the receipts and expenditures of program funds separately for each award?					
	14.) Please describe/explain your current process for reviewing expenses to determine if they are reasonable, allowable, and allocated correctly to the award.	EXPLAIN:				

Impact Assessment	
15.) For this upcoming federal award or in the immediate future, does your entity have any potential conflicts of interest* in accordance with the applicable Federal awarding agency policy? If Yes, please disclose these conflicts in writing, along with supporting information, and submit with this form. (*any practices, activities or relationships that reasonably appear to be in conflict with the full performance of the Subrecipient's obligations to the State.)	
16.) For this award, has your entity disclosed to UTA, in writing, violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award?	
YES = Check if entity has one or more violation(s) and has either disclosed previously to UTA or as part of this form. In the comment section, list all violations with names of supporting documentation and submit with this form. NO = Check if entity has one or more violation(s) and has not disclosed previously or will not disclose as part of this form. Explain in the comment section. N/A = Check if entity has no violations.	
Program Management Assessment	
17.) Does your entity have a written process/ procedure or certification statement approved by your governing board ensuring critical project personnel are capable of effectively managing Federal-aid projects? <i>If yes, please have available for site visit</i>	
18.) .) Does your entity have written procedure policies or certification statement for consultant selection approved by your governing board in compliance with 23 CFR 172*? If yes, please have available for site visit. (*The Brooks Act requires agencies to promote open competition by advertising, ranking, selecting, and negotiating contracts based on demonstrated competence and qualifications, at a fair and reasonable price.)	
19.) a) Is your staff familiar with the relevant UTA manuals and federal program requirements?	
b) Does your entity have a written policy or certification statement approved by your governing board assuring federal-aid projects will receive adequate inspections? If yes, please have available for site visit	
c) Does your entity have a written policy or certification statement approved by your governing board assuring a contractor's work will be completed in conformance with approved plans and specifications? If yes, please have available for site visit	
d) Does your entity have a written policy or certification statement approved by your governing board assuring that materials installed on the projects are sampled and tested per approved processes? If yes, please have available for site visit	
e) Does your entity have a written policy or certification statement approved by your governing board assuring that only US manufactured steel will be incorporated into the project (Buy America requirements)? If yes, please have available for site visit	
20.) Does your entity regularly attend the Local Coordinating Council meetings?	

21.) Does your entity submit quarterly/annual reports as required?	
Equipment Compliance	
21.) a) Is all real property and equipment covered by adequate insurance? If yes, please have available for site visit	
b) Is UTA listed as an additional insured on the policy?	
22.) a) What is your entity's control system to prevent loss, damage, or theft of property?	
b) Is a system in place to investigate and document loss, damage, or theft of property?	
23.) Where is the equipment kept when not in use?	
24.) Has your entity leased any FTA funded equipment to private operators, other public entities, or non profit organizations? If yes, was prior UTA/FTA approval recieved?	
25.) Has your entity removed equipment with remaining useful life from project use or applied it to a different use? If yes, was prior UTA approval recieved?	
26.) Has your entity recieved any insurance proceeds? If yes, were they applied to the cost of replacing damaged or destroyed property, or returned to UTA?	
27.) Does the entity have equipment records/inventory that provide description, I.D. number, aquisition date, cost, Federal percentage, grant number, location, use and condition, disposition action, vested title, and useful life?	
28.) Does your entity conduct regular inspections and maintenance on FTA funded vehicles and equipment?	
ADA Compliance	
29.) Does your entity have a policy and procedure for each of the following ADA Requirements? :	
a) Service animals on vehicles and facilities?	
b) Persons with mobility devices such as wheelchairs (or other) boarding, disembarkment, and securement?	
c) Provision of service when a mobility device cannot be secured?	
d) Accessibility related equipment and features to be used by personnel, such as automatic enunciators, stop request buttons, etc.?	
e) Public information / communications available in accessible formats?	
f) Service to persons using respirators or portable oxygen?	
g) Time allowed for persons with disabilities to board/disembark a vehicle?	
30.) Are your drivers/personnel trained to proficiency in order to operate vehicles, equipment and assist and treat individuals with disabilities accordingly?	
30.) Are accessibility features maintained in operative condition?	
31.) a)Do you have a system to ensure regular and frequent maintenance inspections of accessibility features?	
b) Is this system able to determine if accessibility features are operative?	
32.) Does your entity have a policy with regard to lift and ramp failures on in-service vehicles?	
33.) Does your entity provide route deviation service as its method for demand responsive service?	

34.) Does your entity have a policy and procedure for tracking complaints and submit this information to UTA annually ? If
yes, please include who handles complaints.
35.) Have you recieved any complaints of discrimination due to disability? If yes, what is the status of the
complaint(s)?
36.) Are there any lawsuits alleging discrimination on the basis of disability? If yes, identify parties to the suites and
issues.
37.) a) Are ADA service provision requirements communicated to employees, contractors, and lessees?
38.) a) Does the subrecipient have a policy/notification of the public's rights under ADA? If yes, please have available
for site visit
b) Is the notification in an open area available to the public 24 hours/ day and in all vehicles?
Title VI Compliance
39.) a) Does the subrecipient have a policy/notification of the public's rights under Title VI? <i>If yes, please have available</i>
for site visit
b) Is the notification in an open area available to the public 24 hours/ day and in all vehicles?
c) Does the notification include a statement that the subrecipient operates without regard to race, color, and national origin?
d) Does the notification include procedure the public should follow to request information on the entity's Title VI obligations?
e) Does the notification include the complaint procedure and where complaint forms are available?
40.) Does your entity identify, investigate, and track Title VI complaints, and report this information annually to UTA?
41.) Does your entity take meaningful steps to ensure access to the program is provided for LEP individuals?
42.) Has your entity analyzed how the four factors in the DOT LEP guidance apply to your program and activities?
43.) Does your entity have an EEO policy? If yes, please have available for site visit