

PROGRAMMATIC RISK ASSESSMENT Questionnaire

Illinois Dept of Natural Resources Office of Grant Management and Assistance

This is a required form

Organization Name

Contact Name

Email

Please name the IDNR Grant Program that your organization has applied for or is applying for:

IDNR Grant Administrator (if known)

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

More than 5 years

Less than 5 years

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

Always

Reported late one or more times

Not Applicable – not a requirement of awards previously received

Does your organization have a written policy in place to require prior approval from the grantor for scope revisions?

Yes

No

Does your organization have a written policy in place to require prior approval from the grantor for changes in key personnel?

Yes

No

Thank you for completing the Programmatic Risk Assessment Questionnaire