

SHORT FORM - RISK ASSESSMENT QUESTIONNAIRE

DIVISION/OFFICE _____

PROGRAM/FUNCTION NAME _____

Answer the following questions to determine if a new risk assessment worksheet needs to be completed for an existing program/function. A change in the risk ranking would result in a corresponding change in the frequency of control reviews.

NOTE: The terms "MATERIAL and SIGNIFICANT" are subjective and carry different meanings as they relate to a program or function. As a result, managers are encouraged to use their best judgment in defining the meaning for their offices .

1. Have audits by OIG, TIGTA, and GAO or other internal reviews revealed MATERIAL or SIGNIFICANT concerns that would potentially cause the Risk Ranking of the program to change? YES ___ NO ___
2. During the past year, have any other events taken place that would potentially cause the Risk Ranking of the program or function to change? YES ___ NO ___
3. The following is a *partial listing* of the type of events to be considered:

(Please check all blanks that apply)

___ SIGNIFICANT change, (expansion or reduction) in the mission, annual performance plan or budget level of a program/function.

___ New policies and procedures implemented that MATERIALLY changed the nature of the program's function or operation.

___ SIGNIFICANT reorganization impacting the functions or responsibilities of the program within the past year.

___ SIGNIFICANT turnover or change in the number or experience level of the staff within a program or function.

___ SIGNIFICANT outstanding corrective actions resulting from audits by OIG and GAO, or other internal reviews for an accountability unit.

___ OTHER: _____

If you answered YES to either 1 or 2, a new risk assessment worksheet should be completed. If not, please sign and date this short form questionnaire and retain it for internal and/or external review.

**PROGRAM/FUNCTION
MANAGER SIGNATURE:** _____ **DATE:** _____

PROGRAM/FUNCTION MANAGER NAME (PRINT):

BICO COMMENTS:

BICO SIGNATURE: _____ **DATE:** _____

BICO NAME (PRINT): _____

DCFO COMMENTS:

Reviewer: _____ **DATE:** _____