New Jersey Office of the Food
Security Advocate
Risk Assessment

This form should be completed by someone in the organization who is knowledgeable about the program and the accounting system, for example, the Director and/or CFO.
The purpose of this form is to:

- Ensure the process for evaluating Grantee's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the sub-award, and how monitoring activities may be enhanced based on risk assessments.
- Is mandatory to meet State and Federal requirements.

Grant's Name	
Organization Name	
Organization Tax Identification Number	
Organization's Address	
Organization's Contact Info (PH, email, website)	

SAM.gov Registration	Yes	No	Not Sure
Is your organization registered in SAM.gov and searchable?	☐	☐	☐

Funding of Organization	**Award Requested**	**Total FY26 State Funding**
Please list the total award requested as part of the grant application/List total amount of state grant funds received in FY26.		
List grant names and agency providing for other state grants awarded in FY26.		

Accounting System	**Automated**	**Manual**	**Combo**
Which best describes your organization's accounting system	☐	☐	☐

Organization Information	**Yes**	**No**	**NA**
a. Is this the first time your organization has received this award from the New Jersey Office of the Food Security Advocate?	☐	☐	☐
b. i. Is your organization able to accommodate payment on a reimbursement basis?	☐	☐	☐
ii. Will your organization be requesting advanced payment?	☐	☐	☐

	Yes	No	Comment or N/A
c. Are you aware of any conflicts of interest that exist between your organization and OFSA?	☐	☐	☐
d. Does your organization have a CEO/Director/Program Leader with more than 3 years of experience in managing the scope of work required under this award?	☐	☐	☐
e. Does your entity's financial and programmatic staff who will oversee this grant have more than one year prior federal grant experience?	☐	☐	☐
f. Has your organization been in business for less than 10 years?	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
Additional organization Information	**Yes**	**No**	**Comment**
a. Does your organization have prior experience with similar programs?	☐	☐	☐
b. Does your organization maintain policies which include procedures for assuring compliance with the terms of the award?	☐	☐	☐
c. Does your organization have an accounting system that will allow you to track the receipt and disbursements of funds related to this award?	☐	☐	☐
d. Does your organization have a system in place which can track employee time spent on multiple programs?	☐	☐	☐
e. Does your organization have a procurement system or procedures in place that meet the minimum federal requirements for procurement?	☐	☐	☐
f. Does your organization have an annual audit?	☐	☐	☐
g. Did your organization have one or more audit findings from the last single audit?	☐	☐	☐
h. Are there currently any unresolved audit issues? Explain.	☐	☐	☐
i. Are your programs in compliance with the OFSA scope of work and deliverables?	☐	☐	☐
j. Has your organization incurred any debt in past years?	☐	☐	☐
k. Has the organization had any lawsuits?	☐	☐	☐
l. Does your organization file an IRS 990 form?	☐	☐	☐
m. How many employees will be funded by this grant? Full Time: _____ Part Time:			
n. Does your organization have 501c3 non-profit status?	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

	Yes	No	NA
	☐	☐	☐
	☐	☐	☐

I declare and affirm that all the information listed in this risk assessment is true and accurate to the best of my knowledge.

Printed Name:_____

Signature:_____ Contact Phone:_____

Title:_____ Contact Email: _____

Date:_____

OFSA Program Use Only:

Date Program received from organization:_____ Grant Funding

Name of Program Review Staff:_____ Amount of Award:_____