Risk Assessment Survey

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| --- | --- | --- | --- |
| **Contractor Name:** |  | | |
| **Contract Number:** |  | **Survey Date:** |  |
| **Completed By:** |  | **Title:** |  |
| **Contract Manager:** |  | **Email:** |  |

# Instructions

Please respond to the following questions and return to your Contracts Manager within seven days of receipt of the survey.

1. What is the age of your company or agency?

* Click or tap here to enter text.

1. Entity Type

For Profit

Non Profit

Municipality

Other (Please specify)

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1. Has there been any restructuring of your company or agency within the past 12 months?

* Yes
* No

1. Have there been any investigations or lawsuits against the company or agency within the past 12 months?

* Yes ☐
* No ☐

1. Has the company or agency filed for bankruptcy within the last five years?

* Yes ☐
* No ☐

1. Have there been any State Auditor’s Office or internal audit findings within the last five years?

* Yes ☐
* No ☐

1. Are internal financial reports completed annually?

* Yes ☐
* No ☐

1. Has your company or agency received state or federal funds in the past?

* Yes ☐
* No ☐

1. Has your company or agency had any contracts terminated in the past?

* Yes ☐
* No ☐

*End of Survey*