

Texas Higher Education Coordinating Board

Risk Assessment Analysis

Prior to Contractor/Grantee selection, please complete the Risk Assessment Analysis to assess the risk involved with this purchase or acquisition of goods and/or services. For PRQs, Purchasing staff will complete the Risk Assessment upon vendor selection.

Preliminary Information:		
1. IT Related <input type="checkbox"/> Yes <input type="checkbox"/> No	2. BMS#:	
3. Contract Administrator: Click here to enter text.		
4. Type of Contract or Procurement:	<input type="checkbox"/> Grant <input type="checkbox"/> Interagency <input type="checkbox"/> PRQ/Purchase Order <input type="checkbox"/> Memorandum Of Understanding	<input type="checkbox"/> Service Contract <input type="checkbox"/> Request for Proposals <input type="checkbox"/> Request for Applications
5. Describe the need for the goods, services, and/or deliverables. I.e., is this contract needed?		
6. Is this good, service, and/or deliverable currently provided under an existing contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Current Contract #: Click here to enter text. Contract End Date: Click here to enter text.		
7. Is this purchase required by Statute? <input type="checkbox"/> Yes If yes, provide the statutory citation: Click here to enter text. <input type="checkbox"/> No		
8. Is Board Approval Required (See THECB Rule 1.16.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Proposed Contract	Start Date:	End Date:
Funding Source:		
10. <input type="checkbox"/> General Revenue (State) <input type="checkbox"/> Federal <input type="checkbox"/> Private If more than one source, please provide details: Click here to enter text.		

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Conflict of Interest:

11. Each state agency employee or official who is involved in procurement or in contract management for a state agency must disclose to the agency any potential conflict of interest specified by state law (Texas Government Code §2261.252) or agency policy (Chapter E. Ethics and Standards of Conduct and Policy; see also Attachment A) that is known by the employee or official with respect to any contract with a private vendor or bid for the purchase of goods or services from a private vendor by the agency.

Conflict of Interest Disclosure:

[Click here to enter text.](#)

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12. Dollar Amount	<input type="checkbox"/> Between \$0 and \$5,000 <input type="checkbox"/> Between \$5,000.01 and \$25,000 <input type="checkbox"/> Between \$25,000.01 and \$100,000 <input type="checkbox"/> Between \$100,000.01 and \$750,000 <input type="checkbox"/> Between \$750,000.01 and \$1,000,000 <input type="checkbox"/> Over \$1,000,000
13. Contract Experience	<input type="checkbox"/> Repeat Vendor with THECB <input type="checkbox"/> Vendor has never done this type of work before <input type="checkbox"/> Vendor has contracted with the state before but not for this type of work <input type="checkbox"/> Vendor has done this type of work before but not for THECB
14. Past Performance	<input type="checkbox"/> Vendor Performance <input type="checkbox"/> Issues with Payment <input type="checkbox"/> Other: Describe
15. Will Contractor have access to confidential data? Describe access needed.	Click here to enter text.
16. Type of Monitoring by Staff:	Click here to enter text.
17. Payment (Including Reimbursement) Schedule and Rates:	Click here to enter text.

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18. Evaluation Criteria

	1	2	3	4
Cost	Between \$0 and \$25,000*	Between \$25,000 and \$100,000	Over \$100,000, but less than or equal to \$750,000	Over \$750,000
Impact to public or agency	No impact	Minimal impact	Some impact	High impact
Access to Confidential Data	No Access	Minimal Access	Some Access	Full Access
Time Constraints	Should be completed in less than 3 months	Should be completed in 3 -6 months	Should be completed within 6 months - 1 year	Should be completed in longer than 1 year
Contractor Experience	Repeat Vendor	Vendor has done this type of work before but not with THECB	Vendor has contracted with state before but not for this type of work	Vendor has never done this type of work before

***Office supplies such as pencils, pens, computer paper, paper notepads, etc. are not included.**

19. Evaluation Table

Risk Factor	Score
Cost	
Impact to public or agency	
Access to Confidential Data	
Time Constraints	
Contractor/Grantee Experience	
Total Score:	

20. **Risk Assessment:**
- Very High 16-20
 - High 11-15
 - Moderate 6-10
 - Low 0-5

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21. Recommendations based on assessment:

[Click here to enter text.](#)

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Instructions to Complete the Risk Assessment Analysis (RAA)

Below are instructions for completing the (RAA). Instruction numbers match those used in the form.

1. Indicate if ISS will be used under the scope of the procured or contracted goods, services, and/or deliverable work product. If so, contracts will be required to comply with accessibility requirements.
2. Enter BMS# assigned to these procurement.
3. Please provide the first and last name of the person responsible for initiating the procurement process. This person should be the intended contract or grant administrator responsible for monitoring the agreement(s) ultimately entered into.
4. The procurement or contract type will impact the contracting process and requirements. For assistance in making this determination, please contact the Office of General Counsel for assistance.
5. Provide a description of the goods, services, and/or deliverables that will be included in the procurement or contract. Provide a brief justification of the goods, services, and/or deliverables needed.
6. If services are currently being provided, please include current contract information.
7. If applicable, please include a reference to the authorization for the purchase (statute, rule, legislation, action memo, etc.)
8. Will this procurement require Board Approval, per Rule 1.16?
9. Proposed Contract Start and End Date (Include the intended duration of the agreement including all expected renewals or extensions.)
10. Indicate if the proposed procurement, contract, or contracts will be funded through general revenue, federal funds, or private funding.
11. Disclose any conflicts of interest anyone in the Division may have related to the procurement of this contract and list the name of the Contract Administrator.
12. Estimate a total dollar amount for the duration of the contract.
13. What is the contractor's/grantee's experience providing these goods, services, and/or deliverables to THECB and the State of Texas?
14. In reviewing the Texas Comptroller's Vendor Performance Tracking System, how has this vendor been rated?
15. Indicate if the contractor(s)/grantee(s) will have access to confidential information. If yes, please list types of data needed. (Responses to question #15, will be used to determine contracting requirements for access to confidential information and may necessitate the execution of a Data Use Agreement to be drafted and/or reviewed by the Office of General Counsel.)

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16. Who will be assigned to monitor the contract/grant and determine the method of monitoring (on-site or desk review)?

On-Site: Site visits can be used to verify actual performance against scheduled or reported performance. These can ensure the contractor/grantee is dedicating sufficient resources and appropriate personnel to the contract/grant.

Desk Review: Typically these are reviews of reports submitted by the contractor/grantee to THECB.

17. Please indicate the payment and reimbursement rates to be paid to contractor/grantee.
18. The Evaluation Criteria table ranks Risk Factors on a scale of 1 -4. 1 being a low risk and 4 being a very high risk to the agency. Your selection for each Risk Factor will be used for #19.
19. Based on your selection, score each risk factor a 1, 2, 3 or 4.
20. Calculating your total score for #19, select whether this vendor falls under the Very High, High, Moderate, or Low category.
21. A recommendation will be based on the information gathered on the assessment.