

**City of Wichita - Internal Audit
Triennial Risk Assessment
Management Questionnaire**

1. To what extent does your activity group interface with the external public?

Description / Purpose: Assess how frequently your activity group works/interacts directly with the public of City residents. Little to no interaction is not a negative indicator, but rather an indicator that your activity group serves internal customers – internal customers interaction is addressed in question 3.

- a. None
- b. Rarely or infrequently
- c. Monthly to quarterly level of interface
- d. Weekly level of interface
- e. Continual interface with the external public several times daily or more

2. To what extent does your activity group support internal operations or is considered critical to achieving the objectives of other entity's/department's mission/goals?

Description / Purpose: Determine the level of support and role your department plays in helping other departments achieve their overall mission. This question identifies the interconnectedness that one activity group has with other internal operations.

- a. No support provided to other operations / departments
- b. Infrequent (i.e., annual) support provided to other operations / departments
- c. Periodic (i.e., monthly) support provided to other operations / departments
- d. Regular (i.e., weekly) support provided to other operations / departments
- e. Ongoing support provided to other operations / departments every day

3. To what extent would failure to achieve your activity group's mission or goals lead to public displeasure or negative media coverage?

Description / Purpose: Assess how the activity group's level of visibility to the public, public interest in the group's activities, interest of the media, or the public safety related factors would lead to an increased potential loss or embarrassment if the activity group did not perform its critical mission or goals. This could also be called the newspaper test – how much negative press or public disapproval would a failure cause?

- a. No risk of loss or embarrassment
- b. Low risk of loss or embarrassment
- c. Moderate risk of loss or embarrassment
- d. Significant risk of loss or embarrassment
- e. Very high risk of loss or embarrassment

4. To what extent is there potential loss due to the cash or cash convertible nature of your activity group's transactions?

Description / Purpose: Assess the risk associated with cash or cash-convertible assets. Be sure to factor in the amount of cash collected as compared to business transacted by other means (credit card, electronic funds transfer, invoice, journal entry, etc.), as well as risks associated with the volume, type, and nature of existing assets that are susceptible to theft such as equipment, supplies, and inventories.

- a. None
- b. Minimal amount of cash transactions or assets are difficult to convert to cash
- c. Moderate amount of cash transactions or assets can be converted to cash with some difficulty
- d. Nature of operations is primarily cash or assets are easily converted to cash
- e. Fully cash or cash equivalent operations

5. To what extent does your activity group track activity performance / metrics?

Description / Purpose: Determine the extent to which your activity group captures, assesses, and responds to performance measurement data.

- a. We continuously capture performance metrics on key operations, assess achievement of goals and trends in the information, and adjust operations to improve upon our performance in all key areas.
- b. We track performance information in all key operations, assess and use data to improve operations, but we do not engage this process in a continuous, fluid manner.
- c. We track performance information in all our key operations and may assess data to some extent, but we do not use data to improve performance in all key areas.
- d. We collect some performance information, but the information does not account for all our key operations, or we do not assess the data.
- e. We do not track performance measures or metrics.

6. To what extent do regulations affect or have impact on operations?

Description / Purpose: Assess how government regulations (federal, state, or local) impact your activity group operations and the exposure to sanctions and potential penalties for noncompliance. Please be sure to factor in the complexity, volume and change in regulations, including ordinances, municipal codes, administrative regulations, MOUs, federal and state laws and regulations, contract conditions, and grant provisions that pertain to your department.

- a. None
- b. Few regulations and little risk of noncompliance
- c. Risk of either substantial or significant penalties
- d. Complex, voluminous, or frequently changing regulations with significant penalties
- e. Heavily regulated with serious consequences for noncompliance

7. Total number of budgeted full-time employees (FTEs) for this Activity Group?

- a. None
- b. 0 to 10
- c. 11 - 25
- d. 26 - 75
- e. Greater than 75

8. Total annual budgeted revenues for this Activity Group?

- a. \$0 to \$500,000
- b. \$500,001 to \$5,000,000
- c. \$5,000,001 to \$10,000,000
- d. \$10,000,001 to \$20,000,000
- e. Greater than \$20,000,000

9. Total annual budgeted expenditures for this Activity Group?

- a. \$0 to \$500,000
- b. \$500,001 to \$5,000,000
- c. \$5,000,001 to \$10,000,000
- d. \$10,000,001 to \$20,000,000
- e. Greater than \$20,000,000

10. Has there been position turnover? If so, how many and what positions?

11. Have there been any major program modifications or restructures? If so, please explain.

12. Who performs revenue and expenditure reconciliations periodically throughout the year?

13. What software systems are utilized by the Activity Group? Are they vetted through IT or run internally?

14. What are the backup processes for each software used by the Activity Group?

15. Are there any specific areas of concern within the City that have been brought to your attention or personally noticed?

Department: _____

Name of individual completing assessment: _____

Title of individual completing assessment: _____