

**DEPARTMENT OF MILITARY AFFAIRS AND PUBLIC SAFETY  
HOMELAND SECURITY STATE ADMINISTRATIVE AGENCY (SAA)**

**SUBGRANTEE MONITORING REPORT**

The Homeland Security State Administrative Agency staff will make at least one on-site visit to each subgrant project during the grant period to monitor the performance of grant supported activities. Site visits will:

1. Determine progress made toward achieving project objectives;
2. Determine compliance with terms, conditions, and purpose of grant;
3. Identify technical assistance needs; and
4. Provide guidance of future design or funding of similar projects.

<b>SUBGRANTEE:</b>	
<b>SUBGRANT NUMBER:</b>	
<b>PROJECT TITLE:</b>	
<b>GRANT PERIOD:</b>	
<b>DATE MONITORED:</b>	

**DESCRIPTION OF PROJECT:**

**INTERVIEWEE(S):**

NAME/AGENCY	TITLE	PHONE

**OBJECTIVES STATED IN GRANT APPLICATION:**

1.		
		<b>Support Documentation</b>
<input type="checkbox"/> Completed	<input type="checkbox"/>	Attached
<input type="checkbox"/> In Progress	<input type="checkbox"/>	Will be Submitted
<input type="checkbox"/> Scheduled to Begin:	<input type="checkbox"/>	

<input type="checkbox"/>	Will Not Complete	<input type="checkbox"/>	With Monthly Report
2.			
<input type="checkbox"/>	Completed	<b>Support Documentation</b>	
<input type="checkbox"/>	In Progress	<input type="checkbox"/>	Attached
<input type="checkbox"/>	Scheduled to Begin:	<input type="checkbox"/>	Will be Submitted
<input type="checkbox"/>	Will Not Complete	<input type="checkbox"/>	With Monthly Report

3.			
<input type="checkbox"/>	Completed	<b>Support Documentation</b>	
<input type="checkbox"/>	In Progress	<input type="checkbox"/>	Attached
<input type="checkbox"/>	Scheduled to Begin:	<input type="checkbox"/>	Will be Submitted
<input type="checkbox"/>	Will Not Complete	<input type="checkbox"/>	With Monthly Report

4.			
<input type="checkbox"/>	Completed	<b>Support Documentation</b>	
<input type="checkbox"/>	In Progress	<input type="checkbox"/>	Attached
<input type="checkbox"/>	Scheduled to Begin:	<input type="checkbox"/>	Will be Submitted
<input type="checkbox"/>	Will Not Complete	<input type="checkbox"/>	With Monthly Report

5.			
<input type="checkbox"/>	Completed	<b>Support Documentation</b>	
<input type="checkbox"/>	In Progress	<input type="checkbox"/>	Attached
<input type="checkbox"/>	Scheduled to Begin:	<input type="checkbox"/>	Will be Submitted
<input type="checkbox"/>	Will Not Complete	<input type="checkbox"/>	With Monthly Report

**PART I: RECORDS**  **N/A**

- Does the project director's subgrant file include the following: **approved** grant award, special conditions, and budget **adjustments**.  **Yes**  **No**
- Has the project director reviewed the **special conditions**?  **Yes**  **No**
- Does the project director have a copy of the Administrative Manual?  **Yes**  **No**
- Has the project director reviewed the Administrative Manual? N/A  **Yes**  **No**
- Does the Project Director have copies of Quarterly Progress and Project **Financial Reports**?  **Yes**  **No**

- 6. Are required **project reports submitted** to the SAA in a **timely** and satisfactory **manner**?  Yes  No
- 7. Did project **implementation occur within 90 days** of the designated start date? If no, explain.  Yes  No

**PART II: FINANCIAL**  N/A

<b>Fiscal Officer</b>	
<b>Phone Number</b>	

- 1. Does the **fiscal officer's grant file** include the following: approved grant award, special conditions, and budget adjustments?  Yes  No
- 2. Has the fiscal officer reviewed the **special conditions**?  Yes  No
- 3. Does the fiscal officer have a copy of the Administrative Manual?  Yes  No
- 4. Has the **fiscal officer reviewed the Administrative Manual**?  Yes  No
- 5. Does the Fiscal Officer have copies of monthly financial reports?  Yes  No
- 6. Are financial reports provided to the SAA in a timely and satisfactory manner?  Yes  No
- 7. Does the subgrantee have **regular audits**?  Yes  No  
 -Audits performed by:

**PART III: PERSONNEL**  N/A

- 1. Are all grant authorized positions filled? If no, explain:  Yes  No
- 2. Are grant funds being used to supplement the existing budget, **not supplant**?  Yes  No
- 3. If necessary **have all vacancies been backfilled**?  Yes  No  
If no, explain:

**PART IV: PROFESSIONAL AND CONTRACTUAL SERVICES**  N/A

- 1. Are contract or consultant services included in the grant award? Describe:  Yes  No

- 2. **Has a copy of the formal written contract been submitted to the SAA for approval *prior to* execution?**

Yes		No	
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- 3. Does the contract on file outline the specific work to be performed by the consultant? 

Yes		No	
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- 4. **Does the statement of work (contract) to be performed coincide with the goals, objectives, and activities of the subgrant?**

Yes		No	
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- 5. Were State and local purchasing procedures and laws followed? 

Yes		No	
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**PART V: EQUIPMENT PURCHASES**

N/A	
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- 1. Was all equipment purchased using applicable purchasing procedures and laws? 

Yes		No	
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- 2. Has all equipment been purchased? If not, will all equipment be purchased by the grant end date? If no, explain: 

Yes		No	
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- 3. Are proper records maintained on equipment purchased and has equipment been properly identified? Has an Equipment Listing been sent to the SAA as required? N/A 

Yes		No	
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- 4. Was grant purchased equipment examined by grant monitor? *Comments:* The following items were examined and all equipment purchased had a primary function of being used in support of a response to a chemical, biological, radiological, nuclear and explosive terrorist incident: 

Yes		No	
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**PART VI: COORDINATION**

**N/A**

1. Project coordination with:

<b>Units of Local Government</b>
<b>Units of State Government</b>
<b>Units of Federal Government</b>
<b>Other(s)</b>

2. List any local coordination problems that may effect subgrant project:

**PART VII: PROJECT IMPLEMENTATION/IMPACT**

**N/A**

1. Are changes in the project required/recommended?  
Explain: Subgrant closed

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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2. What are the major areas of significant progress in this project?

3. Are there plans to continue the project at the end of the grant period?

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**POST-SITE MONITORING REPORT AND CERTIFICATION**

**SUMMARY / RECOMMENDATIONS:**

**NEXT MONITORING PERIOD:**

	3 Months
	6 Months
	9 Months
	None scheduled at this time

**CERTIFICATION:**

I certify that all information within report was presented by the subgrantee.

\_\_\_\_\_

SAA Grant Monitor Date

I have reviewed the above information and agree with the report finding(s) and/or corrective action(s) taken or proposed.

\_\_\_\_\_

SAA Grant Manager Date