HOMELAND SECURITY GRANTS ADMINISTRATION

Monitoring Report Form
On-Site Monitoring Review for Grant No._____

Onsite Monitoring Type: ____Programmatic Only ____Financial Only ____Programmatic and Financial
Desk Monitoring Type: ____Programmatic Only ____Financial Only ____Programmatic and Financial

Section I: GRANT INFORMATION

Grant No.: _____   Date Monitored: _____

Subgrantee: _____
Implementing Agency

_____
Mailing Address

Project Title: _____

Federal Amount: $_____   Cash Match: $_____N/A_____

_____%   _____%

Award Date: _____   Grant Period: _____

Homeland Security Staff:

Name:	Title:
Name:	Title:
Name:	Title:

Subgrantee Staff Interviewed	Title	Office/Department

Brief Description of Project:

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Section II: PROGRAMMATIC MANAGEMENT REVIEW

A. Review of Fulfillment of Specific Objectives:

What is the current status towards fulfilling the project's objectives? List and describe the current status of each Objective and list the Performance Indicator Data reviewed.

Objective 1:

1.4.1 State the Strategy Objective Language Here

Current status:

Performance Indicator Data Reviewed:

Objective 2:

Current status:

Performance Indicator Data Reviewed:

Objective 3:

Current status:

Performance Indicator Data Reviewed:

Objective 4:

Current status:

Performance Indicator Data Reviewed:

Objective 5:

Current status:

Performance Indicator Data Reviewed:

Objective 6:

Current status:

Performance Indicator Data Reviewed:

Objective 7:

Current status:

Performance Indicator Data Reviewed:

B. General Project Review:

1. Does the project need technical assistance?
   If yes, explain.   Yes_____ No_____ N/A_____

2. Have programmatic modifications been made
   since the date of award? If yes, explain.   Yes_____ No_____ N/A_____

3. Have required personnel been hired?
    Provide name, position and date of hire. If no, explain.   Yes____   No____   N/A____

4. Have all Grant Special Conditions been cleared?
    If no, explain.   Yes____   No____   N/A____

5. Have all Progress Reports been submitted in a
    timely manner? If no, explain.   Yes____   No____   N/A____

6. Has the project met the 90-day start up requirement?   Yes____   No____   N/A____

7. Are the project activities listed on the Implementation
    Schedule being performed according to schedule?   Yes____   No____   N/A____

8. Is the equipment purchased through the
    project being utilized as approved?   Yes____   No____   N/A____

Comments:

C. Problems/Recommendations/Strategies for Improvement:

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D. Summary Comments (Include summary statement of programmatic findings and actions taken relating to project improvement and modification):

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Section III: FINANCIAL MANAGEMENT REVIEW

A. Subgrantee Grant File Review:

1. Does the Subgrantee maintain a grant fiscal file that includes
   the following:
   a. Approved Grant Application and signed Grant Award: Yes_____   No_____   N/A_____
   b. Grant Budget Revisions: Yes_____   No_____   N/A_____
   c. Special Conditions: Yes_____   No_____   N/A_____
   d. Other related correspondence: Yes_____   No_____   N/A_____
   e. Grant Terms and Conditions—
      (i.e. EEOP/Civil Rights Legislation)   Yes_____   No_____   N/A_____

   Comments:

B. Grant Budget Categories:
1. Personnel
   a. Are personnel funded under this grant?   Yes_____   No_____   N/A_____
   b. Is there a written job description on file?   Yes_____   No_____   N/A_____
   c. Is there any other source of funding for this employee?   Yes_____   No_____   N/A_____
   d. Are time sheet records maintained?   Yes_____   No_____   N/A_____
   e. Is employee paid hourly?   Yes_____   No_____   N/A_____
   f. Has the subgrantee certified that no federal funds are
   being used to supplant?   Yes_____   No_____   N/A_____

   Comments:

2. Contractual Services:
   a. Is there a line item for Contractual Services?   Yes_____   No_____   N/A_____
   b. Is there an executed contract on file?   Yes_____   No_____   N/A_____
   c. **Was the contract reviewed and approved by the SAA
      prior to execution?**   Yes_____   No_____   N/A_____
   d. Is the bid solicitation/tabulation on file?   Yes_____   No_____   N/A_____
   e. If individual consultants have been employed, is there a
      resume on file?   Yes_____   No_____   N/A_____

   Comments:

3. Travel: Are mileage logs properly maintained?   Yes_____   No_____   N/A_____

    RFP#:_____   Month of:_____   Total Miles Claimed for Month:_____

    # of Miles shown on Mileage Log:_____

    RFP#:_____   Month of:_____   Total Miles Claimed for Month:_____

    # of Miles shown on Mileage Log:_____

    RFP#:_____   Month of:_____   Total Miles Claimed for Month:_____

    # of Miles shown on Mileage Log:_____

    RFP#:_____   Month of:_____   Total Miles Claimed for Month:_____

    # of Miles shown on Mileage Log:_____

    Comments:

4. Equipment:

   a. Was equipment purchased through proper bidding
     procedures?   Yes_____   No_____   N/A_____
   b. Has a Property Control Form been completed &
     submitted to the HSGA?   Yes_____   No_____   N/A_____
   c. Are detailed inventory records maintained on equipment
     purchased with grant funds? If no, explain.   Yes_____   No_____   N/A_____

    Comments:

5. Other:

   a. Indirect Cost (State Agencies): Is an approved
       indirect cost plan on file?   Yes_____   No_____   N/A_____
   b. Were purchases made through proper
       bidding procedures?   Yes_____   No_____   N/A_____

   Comments:

6. Program Income: Has the project generated income?   Yes_____   No_____   N/A_____

   Comments:

C. Accounting Records:

1. Does the Subgrantee have a procedure to balance the
    general ledger with the bank statement each month?   Yes_____   No_____   N/A_____

2. Do the accounting entries in the ledger(s) include
    references and cross references?   Yes_____   No_____   N/A_____

3. Does the accounting system identify and trace
    expenditures reimbursed with Federal dollars?   Yes_____   No_____   N/A_____

4. Does the Subgrantee have an accounting system in place
    which would prevent them from incurring obligations in
    excess of:

   a. The Total amount of the grant: Yes_____   No_____   N/A_____
   b. Total for each budget line item: Yes_____   No_____   N/A_____

5. Are audits scheduled and conducted in compliance with OMB Circular A-128 or A-133 as indicated on the <mark>Acceptance of Audit Requirements Memo</mark>?   Yes_____   No_____   N/A_____

6. What was the TOTAL Federal expenditure for your agency last year? _____
    (<mark>Statement of Federal Financial Assistance</mark>)

7. Who is the CPA firm conducting the audit? _____

8. What is the Subgrantee's Fiscal Year? _____

D. Summary Comments (Include summary statement of financial findings and actions, recommendations, etc.):

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Monitoring Report Submitted by:

_____
Senior Accountant   Date

_____
Homeland Security Program Staff   Date

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APPENDIX A

RFP#:_____ **Date Reimbursement Received by Subgrantee:**_____

Amount:_____

Date Deposited & Bank Name: _____

1. Paid To: _____ Date:_____

    Amount: $_____ Check#_____ Invoice marked Paid? _____

    Does Invoice Amount agree with Check Amount?   Yes___   No___
    Was there an Authorization for Payment of invoice?   Yes___   No___

    Any "No" response, explain:

    +---+
    | |
    | |
    | |
    | |
    +---+

2. Paid To: _____ Date: _____

    Amount: $_____ Check#_____ Invoice marked Paid? _____

    Does Invoice Amount agree with Check Amount?   Yes___   No___
    Was there an Authorization for Payment of invoice?   Yes___   No___

 Any "No" response, explain:

    +---+
    | |
    | |
    | |
    | |
    +---+

3. Paid To: _____ Date: _____

    Amount: $_____ Check#_____ Invoice marked Paid? _____

    Does Invoice Amount agree with Check Amount?   Yes___   No___
    Was there an Authorization for Payment of invoice?   Yes___   No___

 Any "No" response, explain:

    +---+
    | |
    | |
    | |
    | |
    +---+

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4. Paid To: _____   Date: _____

   Amount: $_____   Check#_____   Invoice marked Paid? _____

   Does Invoice Amount agree with Check Amount?   Yes___   No___
   Was there an Authorization for Payment of invoice?   Yes___   No___

Any "No" response, explain:

Items Inventoried: