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| **Name of Subgrantee:** |      |
| **Name of Managing IU26 Office** |      |
| **Program Title:** |       | CFDA #:       |
| **SDP Grant Team**  |  | Contract #:       | Contract Period:       | Contract Amt:       |
| Grant Program Manager:Grant Compliance Monitor:Other Grant Staff: |      |
|     |
|       |
| **Subgrantee Contact Info**Lead Point of Contact:Other Key Staff: |  |
|       |
|       |
| DATES OF COMPLIANCE REVIEWS / ON-SITE VISITS:       |

**SECTION 1**

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| **Risk Indicators to Program Compliance (to be completed initially at the start of each school year or the inception of the grant for central offices)** |
| 1. Has the contractor been a subgrantee of the District before?
 | [ ]  No (↑ risk)[ ]  Yes (↓ risk)[ ]  N/A | 1. Has the subgrantee staff thoroughly reviewed the grant requirements and any associated regulations?
 | [ ]  No (↑ risk)[ ]  Yes (↓ risk)[ ]  N/A |
| 1. Does the subgrantee receive more than $750,000 per year in federal funds in total from all sources combined (not just via SDP)? Is the subgrantee subject to Uniform Grant Guidance audit requirements?
 | [ ]  Yes (↑ risk)[ ]  No (↓ risk)[ ]  N/A | 1. Have there been audit or monitoring findings related to the subgrantee, or any other evidence of unsatisfactory performance, in the past five years?
 | [ ]  No (↓risk)[ ]  Yes (↑risk)[ ]  N/A |
| 1. Does the subgrantee plan to subcontract for any services/activities using grant funds?
 | [ ]  Yes (↑ risk)[ ]  No (↓ risk)[ ]  N/A | 1. Are program activities spread across many sites?
 | [ ]  Yes (↑ risk)[ ]  No (↓ risk)[ ]  N/A |
| 1. Is the subgrantee required to provide any match?
 | [ ]  Yes (↑ risk)[ ]  No (↓ risk)[ ]  N/A | **Comments:**       |

**SECTION II**

**REQUIREMENTS SUMMARY**

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| 1. **Comprehensive Monitoring Plan**
 | **Risk of Non-Compliance:** |
| If Risk is indicated as “High”, explain current conditions:       | **[ ]  High****[ ]  Medium****[ ]  Low** |
| **ELEMENTS OF COMPLIANCE** | **MONITORING FREQUENCY** |  **Not****Met Met** | **N/A** | **DOCUMENTATION** |
| 1. Subgrantee has been notified of its status as a subgrantee and made aware of its compliance responsibilities (*Notification of Subgrantee Responsibilities Form*).
 | Subgrant/Contract finalization      | **[ ]  [ ]**  | **[ ]**  |       |
| 1. Formal Compliance Monitoring Plan adopted and distributed to all parties
 | Subgrant/Contract finalization      | **[ ]  [ ]**  | **[ ]**  |       |

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| 1. **Budget Data**
 | **Risk of Non-Compliance:** |
| If Risk is indicated as “High”, explain current conditions:       | **[ ]  High****[ ]  Medium****[ ]  Low** |
| **ELEMENTS OF COMPLIANCE** | **MONITORING FREQUENCY** |  **Not****Met Met** | **N/A** | **DOCUMENTATION** |
| 1. Approved subgrant budget (check for consistency with terms of grant and application)
 | Annual:       | **[ ]  [ ]**  | **[ ]**  |       |
| 1. Approved budget amendments (review and approve as submitted)
 | As proposed and processed      | **[ ]  [ ]**  | **[ ]**  |       |
| 1. Comparison of budget to actual
 | Quarter 1      Quarter 2      Quarter 3      Quarter 4       | **[ ]  [ ]** **[ ]  [ ]** **[ ]  [ ]** **[ ]  [ ]**  | **[ ]**  |       |

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| 1. **Personnel Data (if applicable)**
 | **Risk of Non-Compliance:** |
| If Risk is indicated as “High”, explain current conditions:       | **[ ]  High****[ ]  Medium****[ ]  Low** |
| **ELEMENTS OF COMPLIANCE** | **MONITORING FREQUENCY** |  **Not****Met Met** | **N/A** | **DOCUMENTATION** |
| 1. Payroll documentation (salary and benefits)
 | Ongoing, upon receipt of invoices      | **[ ]  [ ]**  | **[ ]**  |       |
| 1. Time & Effort documentation: semi annual time certification/PAR forms (check for completeness)
 | Yearly      | **[ ]  [ ]**  | **[ ]**  |       |
| 1. **Non-Personnel Expenditures (if applicable)**
 | **Risk of Non-Compliance:** |
| If Risk is indicated as “High”, explain current conditions:       | **[ ]  High****[ ]  Medium****[ ]  Low** |
| **ELEMENTS OF COMPLIANCE** | **MONITORING FREQUENCY** |  **Not****Met Met** | **N/A** | **DOCUMENTATION** |
| 1. Contracts & supporting documentation (including quotation form, bid documents, invoices, etc.,) are consistent and compliant
 | Ongoing, upon receipt of invoices      | **[ ]  [ ]**  | **[ ]**  |       |
| 1. Purchase orders & supporting documentation (e.g., incentive justification, meal request approval form) are compliant
 | Ongoing, upon receipt of invoices, after the fact review (unless high-risk)      | **[ ]  [ ]**  | **[ ]**  |       |

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| **Expenditures (Non-Personnel) (continued)** |  |
| **ELEMENTS OF COMPLIANCE** | **MONITORING FREQUENCY** |  **Not****Met Met** | **N/A** | **DOCUMENTATION** |
| 1. Travel documentation (e.g., mileage logs, receipts, conference forms, etc.)
 | Ongoing, upon receipt of invoices      | **[ ]  [ ]**  | **[ ]**  |       |
| 1. Equipment and small/attractive item inventory test (random selection or recent purchases; check for presence; review deletions and transfers for compliance)
 | Yearly      | **[ ]  [ ]**  | **[ ]**  |       |

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| 1. **Match (if applicable)**
 | **Risk of Non-Compliance:** |
| If Risk is indicated as “High”, explain current conditions:       | **[ ]  High****[ ]  Medium****[ ]  Low** |
| **ELEMENTS OF COMPLIANCE** | **MONITORING FREQUENCY** |  **Not****Met Met** | **N/A** | **DOCUMENTATION** |
| 1. Match documentation for expenditures (check for compliance)
 | Quarter 1      Quarter 2      Quarter 3      Quarter 4       | **[ ]  [ ]** **[ ]  [ ]** **[ ]  [ ]** **[ ]  [ ]**  | **[ ]** **[ ]** **[ ]** **[ ]**  |       |
| 1. Match documentation for time & effort (check for presence and compliance)
 | Quarter 1      Quarter 2      Quarter 3      Quarter 4       | **[ ]  [ ]** **[ ]  [ ]** **[ ]  [ ]** **[ ]  [ ]**  | **[ ]** **[ ]** **[ ]** **[ ]**  |       |

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| 1. **Audits and Monitoring**
 | **Risk of Non-Compliance:** |
| If Risk is indicated as “High”, explain current conditions:       | **[ ]  High****[ ]  Medium****[ ]  Low** |
| **ELEMENTS OF COMPLIANCE** | **MONITORING FREQUENCY** |  **Not****Met Met** | **N/A** | **DOCUMENTATION** |
| 1. A-133 audit (if applicable) provided to Office of Accounting and Audit Services
 | Annual:       | **[ ]  [ ]**  | **[ ]**  |       |
| 1. Review progress on implementing corrective actions from previous audits or monitoring (if applicable)
 | As specified in corrective action plan       | **[ ]  [ ]**  | **[ ]**  |       |

1. **Other Explanatory Information**