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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**