S. C. Law Enforcement Division

HOMELAND SECURITY GRANTS ADMINISTRATION

Monitoring Report Form

**On-Site Monitoring Review for Grant No. 6MMRS01**

Onsite Monitoring Type: Programmatic Only Financial Only Programmatic and Financial

Desk Monitoring Type: Programmatic Only Financial Only Programmatic and Financial

### Section I: GRANT INFORMATION (& Pre-visit File Check)

Grant No Date Monitored:

Subgrantee:

Implementing Agency

Mailing Address

Project Title:

Number of requests for payment: Amount requested to date: $

Total disbursed to date: Balance:

Federal Grant Amount: $ Number of progress reports:

Award Date: Grant Period:

Homeland Security Staff:

Title: Program Coordinator

Name:

Title:

Name:

\*Subgrantee Staff Member Interviewed / Phone Title Office / E-Mail

1.

2.

3.

4.

5.

Brief Description of Project:

\*NACC / Projector Director Changes: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Section II: PROGRAMMATIC MANAGEMENT REVIEW

**A. Review of Fulfillment of Specific Objectives:**

What is the current status of the project? Detail / describe implementation steps accomplished in achieving the objective.

Objective 1:

Current status/

Implementation

Objective 2:

Current status/

Implementation

Objective 3:

Current status/

Implementation

Objective 4:

Current status/

Implementation

**B. General Project Review:**

Yes No N/A

1. Does the project need technical assistance?

If yes, explain.

2. Have programmatic modifications been made (i.e. revisions, etc.)

since the date of award? If yes, explain.

3. Have required personnel been hired?

Provide name, position and date of hire. If no, explain.

4. Have all Grant Special Conditions been cleared?

If no, explain.

5. Have all Progress Reports been submitted in a

timely manner? If no, explain.

No N/A

1. Has the project met the 90-day start up

requirement?

1. Are the project activities listed on the

Implementation Schedule being performed

according to schedule?

8.Is the equipment purchased through the project being utilized as approved?

Comments:

**C. Problems/Recommendations/Summary (Equipment employed appropriately--trained and exercised on, and / or used in real world events. Routine use abuse? Still in the box? Operationally ready?):**

**Section III: PROGRAMMATIC/FINANCIAL MANAGEMENT REVIEW**

1. **Subgrantee Grant File Review:**

Yes No N/A

1. Does the Subgrantee maintain a grant fiscal file that includes

the following:

* 1. Approved Grant Application and signed Grant Award:
  2. Grant Budget Revisions:
  3. Special Conditions:
  4. Original records, request for payment, invoices, vouchers\*:
  5. Grant Terms and Conditions—EEOP/Civil Rights Legislation \_\_\_\_ \_\_\_\_ \_\_\_\_

Comments:

**\***Financial staff select any 2 and trace through system (see Appendix A for RFPs).

**B. Grant Budget Categories:** Yes No N/A

1. Personnel:

a. Are personnel funded under this grant?

b. Is there a written job description on file?

c. Is there any other source of funding for this employee?

d. Are time sheet records maintained (as appropriate)?

e. Is employee paid hourly?

f. Has the subgrantee certified that no federal funds are being

used to supplant?

Comments:

Yes No N/A

2. Contractual Services:

a.Is there a line item for Contractual Services?

b. Is there an executed contract on file?

c.Was the contract reviewed and approved by SLED’s HSGA

prior to execution?

d. Is the bid solicitation/tabulation on file?

e. If individual consultants have been employed, is there a

resume on file?

Comments:

Yes No N/A

3. Travel: Are mileage logs properly maintained and on file?

Make a copy of mileage log for each vehicle.

Comments:

Yes No N/A

4. Equipment:

a. Was equipment purchased through proper bidding

procedures?

b. Has a Property Control Form been completed & submitted

to the HSGA?

c. Are detailed inventory records maintained on equipment

purchased with grant funds? If no, explain.

d. Has the Special Condition regarding computer hardware/

software been cleared by SLED?

Comments:

Yes No N/A

5. Other:

* 1. Indirect Cost (State Agencies): Is an approved indirect cost plan

on file?

1. Were purchases made through proper bidding procedures?

Comments:

Yes No N/A

6. Program Income: Has the project generated income?

Comments:

**C. Accounting Records (**Ask for a copy of the revenue and expense ledger for this contract. Expense ledger should be itemized to show each expenditure. Ledgers can be requested in the appointment memo and should be reviewed before sending follow-up letters**):**

Yes No N/A

1. Does the Subgrantee have a procedure to balance the general ledger

with the bank statement each month?

2. Do the accounting entries in the ledger(s) include references and

cross references?

3. Does the accounting system identify and trace expenditures reimbursed

with Federal dollars?

4. Does the Subgrantee have an accounting system in place which would

prevent them from incurring obligations in excess of:

1. The Total amount of the grant:

b. Total for each budget line item:

5. Are audits scheduled and conducted in compliance with OMB Yes No N/A

Circular A-128 or A-133 as indicated on the Acceptance of

Audit Requirements Memo?

6. \*What was the TOTAL Federal expenditure for your agency last year?

(Statement of Federal Financial Assistance)

1. \*Who is the CPA firm conducting the audit?

8. What is the Subgrantee's Fiscal Year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Questions to be asked by financial staff

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

Monitoring Report Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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Robert Connell, Program Manager Date