|  |
| --- |
| **Agency Name** |
|  |
| **Project Name**  |
|  |
| **Brief Description** |
|  |
| **Contract Start Date** | **Contract End Date** |
|  |  |
| **Program Coordinator Name** |
|  |
| **Name of Person(s) Contacted to Arrange On-site Review** | **Title of Person(s) Contacted to Arrange On-site Review** |
|  |  |
| **Month Selected to Complete On-site Review:** |  |
| (Obtain all supporting financial documents for claims filed during this month and attach them to this form.) |
| **Date On-Site Review Notice Sent to Agency** | **Date the Safety Division Program Manager Completed the On-Site Report** |
|  |  |
| **Review completed by:** (Choose one) | [ ]  **On-site** [ ]  **Telephone** |
| **Agency Signature (acknowledging review of the on-site report)** |
|  |
| **Attach agency comments related to the on‑site report, if any.** |

|  |
| --- |
| **Date of Review** |
|  |
| **Project Number** |
|  |
| **Fiscal Year** |
|  |

**CONTRACT ACTIVITIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Comments, if any** |
| 1. Are the project goals/objectives and milestones on schedule?
 |  |  |  |  |
| 1. Are X monthly [ ]  quarterly report forms current and complete?
 |  |  |  |  |
| 1. Is an employee texting while driving ban in place as recommended per contract?
 |  |  |  |  |
| 1. Is an employee seat belt use policy in place as required per contract?
 |  |  |  |  |
| 1. Are there any special accomplishments identified?
 |  |  |  |  |
| 1. Are there any problems identified?
 |  |  |  |  |
| 1. Is there a need for budget or activity revisions to facilitate the project?
 |  |  |  |  |
| 1. Are there any special contract terms or conditions that require monitoring?
 |  |  |  |  |
| 1. Is the contract consistent with the approved Highway Safety Plan?
 |  |  |  |  |

**Contract Activities Review (if not addressed above):**

**FINANCIAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Federal** | **Match** | **Local** | **Program Income** |
| Contract amount |  |  |  |  |
| Costs reimbursed to date |  |  |  |  |
| Difference |  |  |  |  |
| Match claimed to date |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Explanation, if needed.** |
| 1. Were claimed costs eligible for reimbursement?
 |  |  |  |  |
| 1. Were vouchers submitted on a regular and timely basis?
 |  |  |  |  |
| 1. Is program match documented?
 |  |  |  |  |
| 1. Are funds being expended appropriately for approved activities?
 |  |  |  |  |
| 1. Are adequate records being maintained regarding all project costs and activities?
 |  |  |  |  |
| 1. Do fiscal documents agree with reimbursement claims?
 |  |  |  |  |
| 1. Are grant funds identified separately in the grantee’s official accounting records?
 |  |  |  |  |
| 1. Is program income generated?
 |  |  |  |  |
| 1. Is program income identified separately in the grantee’s official accounting records?
 |  |  |  |  |
| 1. Is program income spent for the benefit of the program?
 |  |  |  |  |
| 1. Are supporting documents for grants and/or sub-grants filed in such a manner to be readily located?
 |  |  |  |  |
| 1. Is there documentation on file to support the local match claims?
 |  |  |  |  |
| 1. Fair market wages for volunteers.
 |  |  |  |  |
| 1. Costs and contributions counting toward satisfying a cost sharing or matching requirement must be verifiable.
 |  |  |  |  |
| 1. Has pre-approval been obtained as required (for out-of-state travel, equipment purchases, promotional items, etc.)?
 |  |  |  |  |

**Financial Review (if not addressed above)**:

**PERSONNEL/TIMEKEEPING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Explanation, if needed.** |
| 1. Are methods in place to account for the time of sub-grantee employees who work on other activities in addition to this grant?
 |  |  |  |  |
| 1. Describe the timekeeping system used. (Obtain a copy of the form used.)
 |  |  |  |  |
| 1. Are timesheets completed for all personnel working on the grant and signed by a supervisor?
 |  |  |  |  |
| 1. Do the fringe benefits being paid match current fringe benefit calculations?
 |  |  |  |  |

**Personnel/Timekeeping Review (if not addressed above)**:

**EQUIPMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Explanation, if needed.** |
| 1. Was equipment purchased during this contract agreement period? (If no, skip questions 2-6.)
 |  |  |  |  |
| 1. Was written approval from the state office obtained prior to equipment purchase?
 |  |  |  |  |
| 1. Does the sub-grantee have a system in place to tag, control, protect, preserve, use, maintain, and inventory (annually) the property?
 |  |  |  |  |
| 1. Is equipment still accounted for and being used for designated highway safety purposes?
 |  |  |  |  |
| 1. Verify the source documentation for all expenditures over $5,000.
 |  |  |  |  |
| 1. Is equipment certification current?
 |  |  | X |  |

**Equipment Review (if not addressed above)**:

**EVALUATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Explanation, if needed.** |
| 1. Is the sub-grantee evaluating the effectiveness of grant activity?
 |  |  |  |  |
| 1. What process evaluation data exists? (For example, citations and warnings for enforcement projects, newspaper clippings for public information projects, attendance rosters for training events, survey or questionnaire results, data analysis reports, etc.)
 |  |  |  |  |
| 1. Has any other form of evaluation been completed (outcomes-based)?
 |  |  |  |  |
| 1. Can we determine, at this point, the programmatic effectiveness of this project?
 |  |  |  |  |

**Evaluation Review (if not addressed above)**:

**POST-AWARD RISK ASSESSMENT PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** | **Explanation, if needed.** |
| 1. Problem:
 |  |  |  |  |
| 1. Corrective action?
 |  |  |  |  |
| 1. Completion date:
 |  |  |  |  |
| 1. Responsible party:
 |  |  |  |  |

**Corrective Action Review (if not addressed above)**:

**OTHER COMMENTS**