# **Monitoring Report**

# **Campbell County Sheriff's Department**

# **Knockout impaired driving in Campbell County**

Grant Category:Accident InvestigationGrant Year:2012Grant Class:InitialMonitoring Report Period:1

# **Agency Information**

Agency Name: Campbell County Sheriff's Department Tax ID:

Type: Law Enforcement Project Director: Jonathan Finley

## **General Information**

Monitoring Type: Programmatic and Financial Date Monitored: 01/01/2012

Persons Conducting Interview Subgrantee Staff Interviewed

 Name:
 Name:

 Title:
 Title:

 Name:
 Department:

 Title:
 Name:

 Name:
 Title:

 Title:
 Department:

Department: Name: Title: Department:

**Brief Description of Project** 

## **Status of Project Implementation**

## **All Project Tasks**

Month Task AccomplishmentsAchieved?Comments

SCHEDULE CHECKPOINT AND SATURATION PATROLS. ORDER IN-CAR VIDEO CAMERAS AND INSTALL. CONDUCT QUARTERLY SOBRIETY CHECKPOINTS. CONDUCT SATURATION PATROLS. PARTICIPATE IN GHSO CAMPAIGNS. SUBMIT QUARTERLY REPORTS AND STATISTICS TO GHSO. NOTIFY THE PRESS OF THE GRANT PROJECT TO EDUCATE THE PUBLIC. SCHEDULE CHECKPOINT AND SATURATION PATROLS. ORDER IN-CAR VIDEO CAMERAS AND INSTALL. CONDUCT QUARTERLY SOBRIETY CHECKPOINTS. CONDUCT SATURATION PATROLS. PARTICIPATE IN GHSO CAMPAIGNS. SUBMIT QUARTERLY

PARTICIPATE IN GHSO CAMPAIGNS. SUBMIT QUARTERLY REPORTS AND STATISTICS TO GHSO. NOTIFY THE PRESS OF THE GRANT PROJECT TO EDUCATE THE PUBLIC.

### **Explanation Required if NOT Performed as Scheduled**

### **Review of Performance Indicator Data**

Is data collected for evaluation (or otherwise) a component of the project: Is data being collected in an accurate manner:

What type of data is being collected:

#### Comments

# **General Project Checklist**

Does the project need technical assistance? If yes, explain:

Have programmatic modifications been made since the date of award? If yes, explain:

Have required personnel been hired:

Do personnel meet the personnel standards Required by the sub-grant award? If no, explain:

Does the project have In-service and/or pre-service training for staff? If no, explain:

Has the project met the 90-day start up requirements:

Is the equipment purchased through the project being utilized as approved:

#### Comments

### **GHSO Grant File Review**

Have all applicable Special Conditions been cleared: Have all quarterly reports been submitted in a timely manner: Are there any late responses:

## Subgrantee Grant File Review

Does the Subgrantee maintain a project grant file that includes the following: Approved grant application and signed grant award: Grant Budget Modifications: Other Related Correspondence:

Comments:

### Grant Budget Categories Personnel

Are Full Time Personnel funded under this grant: If yes, is there a personnel certification sheet on file: Is there a written job description on file: Is Overtime funded under this grant: Is there any other source of funding for this employee(s): Are time sheet records and activity sheets maintained:

Comments:

### **Professional Fees**

Is there cost for Professional Fees:

Is there an executed 3rd party contract on file in the GHSO:

Is there any other source of funding for these services:

Is a sole source justification on file (if applicable):

If no, was the proper bid procedure followed? Explain:

Was the contract executed before payment was made:

Did the work take place within the terms listed in each grant contract:

If individual consultants have been employed, explain the nature of their services, and the rate of pay:

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#### Travel

Is there a line item for travel in the grant budget: Have all travel authorizations been received in a timely manner:

Comments

### **Equipment**

Is there a line item for Equipment:

Is a sole source justification on file (if applicable):

If no, was the proper bid procedure followed? Explain:

Has a THS-22 form been completed and submitted to the GHSO:

Are detailed inventory records maintained on equipment purchased with grant funds? Proper documentation provided? If no, explain:

Was a sample of the equipment inspected and matched to inventory records:

Comments:

#### Other Non-Personnel

Are there any line items under Other Non-Personnel: Indirect Cost: Is an approved indirect cost plan on file: Is a sole source justification on file (if applicable): If no, was the proper bid procedure followed? Explain:

Comments:

### **Program Income**

Has the project generated income: Is it reflected in the approved budget? If no, explain:

Comments:

### Title VI

Was a Title VI assessment completed:

Were proper displays of Title VI compliance posted (posters, brochures, etc.):

Comments:

# **Accounting Records**

#### Tracking

Does the grantee have a system to track the use of grant funds:

Does the grantee have a system to identify reimbursements from the State:

Does the grantee have a system to prevent overspending the amount listed in the overall grant budget and line item:

#### Audits

Does the agency receive more than \$500,000 in overall grant funding (not just GHSO funding):

Are audits scheduled and conducted in compliance with OMB Circular A-128 or A-133 as indicated on the Acceptance of

Audit Requirements Memo: Who is the CPA firm conducting the audit: What is the Subgrantee's Fiscal Year:	
Reimbursements Has the sub-grantee received a reimbursement from the state: Who was the reimbursement paid to: What was the date of the reimbursement: What was the amount of the reimbursement: What was the check or reference number: Which bank is used by the sub-grantee:	
Comments:	
Noted Problems	
Recommendations/Strategies for Improvement	
Findings	
Findings	
Plan of Action Internal	
Plan of Action with Grantee	
Resolution	
Summary Comments	
Monitoring Report Submitted by:	Date
Program Manager	Date:

<b>Monitoring Report Approved by:</b>	
Program Management Administrator	Date:
Director, Governor's Highway Safety Office	Date: