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| **GTSBLogoTransparent**  **Iowa** **Governor’s Traffic  Safety Bureau  215 E. 7th Street, 3rd Floor**  **Des Moines, IA 50319** | | | | | | | | | | | **Administrative Review Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Funding Level:**  **1st Set = Enforcement**  **2nd Set = Non-Enforcement** | | | | | | | | | | 1. **$1 – 24,999** 2. **$25,000 – $99,999**   **3. $100,000^** | | | | | |  | | | | | **1. $1 – $74,999**  **2. $75,000 – $199,999**  **3. $200,000^** | | | | | | | | | |  | | | | | | | **On-site**  **Desk**  **GTSB** | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Routine monitoring | | | | |  | Monitoring due to Identified Problem | | | | | | | | | | |  | | Other, explain: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency and Grant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency:** | | |  | | | | | | | | | | | | | | **$:** | | | | | | | | | **PAP #:** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contract Manager:** | | | | |  | | | | | | | | | | | | | | | **Site Location:** | | | | |  | | | | | | | | | | | **DATE:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Review Participants’ Names & Titles, including GTSB Representatives** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | 3. | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 2. | |  | | | | | | | | | | | | | | 4. | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **Program Review Elements – Complete All Areas** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. Performance and Reports** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are program activities being conducted on schedule? *Note special activity* | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | *If no, explain on back* | | | | | | | | | | | | | | | | |
| Are activity reports being submitted properly and on time? | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | *If no, explain on back* | | | | | | | | | | | | | | | | |
| Travel report(s) submitted on time and include pertinent information? | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No, *explain below* | | | | | | | | | | | | N/A | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Financial Records and Claims** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are claims being submitted on time and in proper format? | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | *If no, explain on back* | | | | | | | | | | | | | | | | |
| Are expenditures being made on schedule? *Note: overrun or underrun* | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | *If no, explain on back* | | | | | | | | | | | | | | | | |
| Are costs consistent with grantee’s records? *Note records reviewed* | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | *If no, explain on back* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Equipment Management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has any equipment been purchased with this fiscal year’s grant funds? | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | | | | No  nnnnnnnnnn N | | | | | | | | | N/A | | | | | | | | | |
| If yes, does grantee have system in place to institute/maintain required inventory records? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No, *explain* | | | | | | | | | |
| Was equipment checked?  Yes, *Note what equipment was checked and its condition at the bottom of this form.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No | | | | | | | N/A | | | | | |
| If valued $5,000+ were written NHTSA and GTSB approvals received before purchase? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No, *explain on back* | | | | | | | | | | | | | | |
| Was equipment disposed of? (If =/>$5K GTSB approved prior?) | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | | N/A | | | | | | | | | |
| If yes, was disposal form sent? If no, explain at bottom of form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. Educational Materials** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have educational items been ordered? What? | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | | N/A | | | | | | | | | |
| Was safety information and any artwork approved prior to order? | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No | | | | | | | | |  | | | | | | | | | |
| Were items marked with appropriate federal funding identification? | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | No;  area *too small or explain* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Personnel & Enforcement Issues** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the project appropriately and adequately staffed? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | *If no, explain* | | | | | | | | | | | |
| Personnel changes? | | | | | | | No | | | Yes If yes, detail. | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are overtime records consistent with time being reported and claimed? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No, *explain* | | | | | | | | | | | | N/A | | | | | | |
| Is enforcement done at locations/times identified as high-risk by data? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No, *explain below* | | | | | | | | | | | | N/A | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Discussion Points** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is technical assistance or program guidance needed to support project? | | | | | | | | | | | | | | | | | | | | | | | | | Yes, *note details on back* | | | | | | | | | | | | | | | | | No | | | | | | | |
| Is any training needed that would help you better manage your grant? | | | | | | | | | | | | | | | | | | | | | | | | | Yes, *note details on back* | | | | | | | | | | | | | | | | | No | | | | | | | |
| Are any training materials needed to support project? | | | | | | | | | | | | | | | | | | | | | | | | | Yes, *note details on back* | | | | | | | | | | | | | | | | | No | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Summary and/or Additional Information (Optional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there anything else you would like ask/share/comment on? | | | | | | | | | | | | | | | | | | | | | | | | | Yes, *detail on back* | | | | | | | | | | | | | No | | | | | | | | | | | |
| Additional comments or summary statements by any participant(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Required Action(s), Recommendation(s), Commendation(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are corrective actions and/or commendations required or recommended? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | |  | | | | | | | | | | | |
| If yes, explain. | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Response Due to GTSB:\_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Note an details required from above answered questions:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. GTSB Representative Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | | | | | | | | | | | | |  | Title | | | | | | | | | | | | | | | | | | | |  | | Date | | | | | | | | | | | | |
| **10. Grantee Representative Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | | | | | | | | | | | | |  | Title | | | | | | | | | | | | | | | | | | | |  | | Date | | | | | | | | | | | | |
| **11. GTSB Bureau Chief Signature – Optional (*unless Corrective Action is Required)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | | | | | | | | | | | | |  | Title | | | | | | | | | | | | | | | | | | | |  | | Date | | | | | | | | | | | | |