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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. |       |  |
|  |
| **Program Review Elements – Complete All Areas** |
|  |
| **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. |
|  |
| **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:\_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  |
| ***Note an details required from above answered questions:***   |
| **9. GTSB Representative Signature**  |
|  |  |       |  |       |
| Signature |  | Title |  | Date |
| **10. Grantee Representative Signature**  |
|  |  |       |  |       |
| Signature |  | Title |  | Date |
| **11. GTSB Bureau Chief Signature – Optional (*unless Corrective Action is Required)***  |
|  |  |       |  |       |
| Signature |  | Title |  | Date |