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| **GTSBLogoTransparent Iowa** **Governor’s Traffic S Safety Bureau  215 E. 7th Street, 3rd Floor**  **Des Moines, IA 50319** | | | | | | | | | | | **Non-Enforcement**  **Administrative Review Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Required site visit(s) by funding level** | | | | | | | | | | 1. **$1 – 74,999** 2. **$75,000 – $199,999**   **3. $200,000^** | | | | | |  | | | | | 1. **One Visit** 2. **Two Visits** 3. **Three Visit** | | | | | | | | |  | | | | | | **On-site**  **Desk**  **GTSB** | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Routine monitoring | | | | |  | Monitoring due to Identified Problem | | | | | | | | | | |  | | Other, explain: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency and Grant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency:** | | |  | | | | | | | | | | | | | | **$:** | | | | | | | | **PAP #:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 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* | | | | | | | | | | | | | | | | | |
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| **3. Contract Management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has any amendments or changes been made to the contract? | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | | | No nnnnnnnnnn N | | | | | | | |  | | | | | | | | | | | |
| If yes, was the amendment/change approved prior to use of funds?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |
| Has a risk assessment been completed on the contractor?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |
| Most recent risk assessment level:  Low  Medium  High | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |
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| **4. Educational Materials and Media** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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* | | | | | | | | | | | | | | | | | | | |
| Were air checks/video pre-approved prior to airing? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **5. Personnel Issues** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the project appropriately and adequately staffed? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | *If no, explain* | | | | | | | | | | | | | |
| Personnel changes? | | | | | | | No | | | Yes If yes, detail. | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any questions or comments? | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | |