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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 #:** |
|  |
| **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 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. 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 |  |  |
|  |
| **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  |  |
|  |
| **5. Personnel Issues** |
| Is the project appropriately and adequately staffed? | [ ]  Yes | [ ]  No | *If no, explain*  |
| Personnel changes? | [ ]  No | [ ]  Yes If yes, detail. |       |
|  |  |  |  |
|  |  |  |  |
|  |
| **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:\_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  |
| ***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 |