

FINANCIAL

	Federal	Match	Local	Program Income
Contract amount				
Costs reimbursed to date				
Difference				
Match claimed to date				
	Yes	No	N/A	Explanation, if needed.
1. Were claimed costs eligible for reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were vouchers submitted on a regular and timely basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is program match documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are funds being expended appropriately for approved activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are adequate records being maintained regarding all project costs and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do fiscal documents agree with reimbursement claims?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are grant funds identified separately in the grantee's official accounting records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is program income generated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is program income identified separately in the grantee's official accounting records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is program income spent for the benefit of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are supporting documents for grants and/or sub-grants filed in such a manner to be readily located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is there documentation on file to support the local match claims?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Fair market wages for volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Costs and contributions counting toward satisfying a cost sharing or matching requirement must be verifiable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Has pre-approval been obtained as required (for out-of-state travel, equipment purchases, promotional items, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Review (if not addressed above)				

PERSONNEL/TIMEKEEPING

	Yes	No	N/A	Explanation, if needed.
1. Are methods in place to account for the time of sub-grantee employees who work on other activities in addition to this grant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Describe the timekeeping system used. (Obtain a copy of the form used.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are timesheets completed for all personnel working on the grant and signed by a supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do the fringe benefits being paid match current fringe benefit calculations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Personnel/Timekeeping Review (if not addressed above)

EQUIPMENT

	Yes	No	N/A	Explanation, if needed.
1. Was equipment purchased during this contract agreement period? (if no, skip questions 2--6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was written approval from the state office obtained prior to equipment purchase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the sub-grantee have a system in place to tag, control, protect, preserve, use, maintain, and inventory(annually) the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is equipment still accounted for and being used for designated highway safety purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Verify the source documentation for all expenditures over \$5,000.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is equipment certification current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Equipment Review (if not addressed above)

EVALUATION

	Yes	No	N/A	Explanation, if needed.
1. Is the sub-grantee evaluating the effectiveness of grant activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. What process evaluation data exists? (For example, citations and warnings for enforcement projects, newspaper, clippings for public information projects, attendance rosters for training events, survey or questionnaire results, data analysis reports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has any other form of evaluation been completed (outcomes-based)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Can we determine, at this point, the programmatic effectiveness of this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Evaluation Review (if not addressed above)
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POST-AWARD RISK ASSESSMENT PLAN

		Yes	No	N/A	Explanation, if needed.
1. Problem		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Corrective Action		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Completion Date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Responsible Party		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Review (if not addressed above)

Other Comments