

**S.C. Department of Public Safety
Highway Safety Grant Program
Financial Monitoring Form**

(rev. 10/20)

SECTION II: FINANCIAL MANAGEMENT REVIEW

A. Subgrantee Grant File Review

	Yes	No	N/A
1. Does the subgrantee maintain a grant fiscal file that includes the following?			
a. Approved grant application and signed grant award			
b. Grant budget revisions			
c. Other related correspondence			

Comments

B. Grant Budget Categories

	Yes	No	N/A
1. Personnel/Activity Hours			
a. Are personnel/activity hours funded under this grant?			
b. Is there a written job description on file?			
c. Is there any other source of funding for this employee?			
d. Are time sheet records maintained?			
e. Is employee paid hourly?			

Comments

	Yes	No	N/A
2. Consultants			
a. Is there a line item for Consultants?			
b. Is there an executed contract on file?			
c. Was the contract reviewed/approved by the OHSJP prior to execution?			
d. Is the bid solicitation/tabulation on file?			
e. If individual consultants have been employed, is there a resume on file?			

Comments

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	<u>Yes</u>	<u>No</u>	<u>N/A</u>
3. Travel – Are mileage logs properly maintained?	_____	_____	_____
RFP# _____ Month of: _____ # of miles shown on Mileage log _____			Total miles claimed for month: _____
RFP# _____ Month of: _____ # of miles shown on Mileage log _____			Total miles claimed for month: _____
RFP# _____ Month of: _____ # of miles shown on Mileage log _____			Total miles claimed for month: _____
RFP# _____ Month of: _____ # of miles shown on Mileage log _____			Total miles claimed for month: _____

Comments

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
4. Equipment			
a. Is there a line item for Equipment?	_____	_____	_____
b. Was equipment purchased through proper purchasing procedures?	_____	_____	_____
c. Has a Property Control Form been completed and submitted to the OHS?	_____	_____	_____
d. Are detailed inventory records maintained on equipment purchased with grant funds?	_____	_____	_____

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	Yes	No	N/A
5. Other			
a. Are there any line items under Other?	_____	_____	_____
b. Indirect Cost (State Agencies): Is an approved indirect cost plan on file?	_____	_____	_____
c. Were purchases made through proper purchasing procedures?	_____	_____	_____
d. Are promotional items such as child seats, bicycle helmets, etc. stored in a secure area?	_____	_____	_____

Comments

	Yes	No	N/A
6. Program Income: Has the project generated income?	_____	_____	_____

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C. Accounting Records

	Yes	No	N/A
1. Does the subgrantee have a procedure to balance the general ledger with the bank statement each month?	_____	_____	_____
2. Do the accounting entries in the ledger(s) include references and cross references?	_____	_____	_____
3. Does the accounting system identify and trace expenditures reimbursed with federal dollars?	_____	_____	_____
4. Does the subgrantee have an accounting system in place which would prevent them from incurring obligations in excess of:			
a. The total amount of the grant	_____	_____	_____
b. The total for each budget item	_____	_____	_____
5. Are audits scheduled and conducted in compliance with 2 CFR 200.501 (formerly OMB Circular A-128 or A-133) as indicated on the Acceptance of Audit Requirements Memo?	_____	_____	_____
6. What was the TOTAL Federal expenditure for your agency for the last completed audit? (Statement of Federal Financial Assistance)	_____		
7. Were there any financial findings? If yes, please explain below.	_____	_____	_____
8. Who is the CPA firm conducting the audit? _____			
9. What is the subgrantee's fiscal year? _____			

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D. Items Inventoried

E. Summary Comments

(Include summary of financial findings and recommendations for correction and/or improvement)

Monitoring Report Submitted by:

Senior Accountant
OHSJP

Date

Monitoring Report Reviewed by:

Program Coordinator
OHSJP

Date

Business Manager
OHSJP

Date

Grants Admin. Manager
OHSJP

Date

Grant Programs Manager
OHSJP

Date

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APPENDIX A

RFP# _____ **Date reimbursement received by subgrantee** _____
Amount _____
Date deposited and bank name _____

1. Paid to _____ Date _____
Amount _____ Check No. _____ Invoice marked paid? _____

Does the invoice amount agree with the check amount? _____ Yes _____ No
Was there an Authorization for Payment of invoice? _____ Yes _____ No

Any "No" response, explain

2. Paid to _____ Date _____
Amount _____ Check No. _____ Invoice marked paid? _____

Does the invoice amount agree with the check amount? _____ Yes _____ No
Was there an Authorization for Payment of invoice? _____ Yes _____ No

Any "No" response, explain

3. Paid to _____ Date _____
Amount _____ Check No. _____ Invoice marked paid? _____

Does the invoice amount agree with the check amount? _____ Yes _____ No
Was there an Authorization for Payment of invoice? _____ Yes _____ No

Any "No" response, explain