

# ARIZONA DEPARTMENT OF HOMELAND SECURITY

Final Review	Staff Initials	Date
<input type="checkbox"/> Planner		
<input type="checkbox"/> Finance Staff		
<input type="checkbox"/> Equipment		
<input type="checkbox"/> Supervisor		

## Section A: Administrative and Background Information

Date of Visit: [Enter Date](#)

Subrecipient: [Click here to enter text.](#)

Location of Site Visit: [Click here to enter text.](#)

Date of Notification Letter: [Enter Date](#)

AZDOHS Staff Conducting the Site Visit:

Name	Title/Position
Select Name	Enter Title/Position
Select Name	Enter Title/Position
Select Name	Enter Title/Position
Select Name	Enter Title/Position

Subrecipient Staff Present (Including name, department, and title/position):

Name	Department	Title/Position
Enter Name	Enter Department	Enter Title/Position
Enter Name	Enter Department	Enter Title/Position
Enter Name	Enter Department	Enter Title/Position
Enter Name	Enter Department	Enter Title/Position
Enter Name	Enter Department	Enter Title/Position
Enter Name	Enter Department	Enter Title/Position

Grants Reviewed:

Grant Number	Grant Source	Performance Period	Ext. (Y/N)	PCF (Y/N)	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8
	Source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Pre-Monitoring Checklist:

### Finance

- If applicable, is stakeholder current on audits (Within 9 months of end of fiscal year)? Review and discuss any findings that should be addressed during the site visit.
- Review Reimbursement requests, master reports and any pending items.
  - Summary of items to address during visit:
    - Are reimbursements submitted regularly? Yes \_\_\_\_\_ No \_\_\_\_\_
    - Do reimbursement request forms include all information such as dates, signatures and support documentation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
    - Are there recurring errors? Yes \_\_\_\_\_ No \_\_\_\_\_
    - Final Reimbursements: Review invoices; if invoice date is **within 10 days of the POP end date**, are packing slips included? If no, obtain from subrecipient. Yes \_\_\_\_\_ No \_\_\_\_\_
    - What is the date of the most recent procurement policy on file at AZDOHS? \_\_\_\_\_
    - If applicable, what is the date of the most recent payroll/overtime policy on file at AZDOHS?  
\_\_\_\_\_
- Make note of any special conditions related to the grant.

### Programmatic

- Subrecipient Agreement
  - Signatures on last page?
  - Performance period
- Reallocations / Extensions / Modifications
  - Was an extension/modification granted?
  - Is amendment documentation in file, and does it include appropriate signatures?
- Do the reimbursements correspond with the percentage of completion indicated in the quarterly report?

### Quarterly Reports

- Are all quarterly reports current?
- What is the percentage of completion?
- Is there any concern about completion of the project within the remaining of the performance period?
- If the project is primarily equipment purchases, are there delays in getting the equipment purchases made?

### Responds in a timely manner to inquiries from the AZDOHS?

### EHP (Environmental and Historic Prevention)

- Did the award require an EHP "B" approval and is notification in the grant file?
- Is the EHP approval in the grant file (spreadsheet)?

### *Summary of items to address during visit:*

**Section B: Financial and Administrative Review:**

Vendor	Invoice Number	Invoice Date	Check Number/ EFT #	Check Date	Amount Reimbursed	Grant Number	Does Invoice agree w/ Check or itemized in remittance?	Authorized for Payment?	Were items invoiced and received prior to the end of the subrecipient agreement?
<b>OPSG Review of Subrecipient's grant file</b>	Reimbursement Packet - Total Amount Submitted	AZDOHS Received Date	Total number of OT hours in their packet agrees with number submitted to AZDOHS (Y/N)	Payroll payment to officers verified (Y/N)	Amount Reimbursed	Grant Number	Does reimbursement packet mirror the one received at AZDOHS? (Y/N)	Authorizing signature on DARs in subrecipient records (Y/N)	Hours reported on Validation form and DARs match (Y/N)

**Comments:**

Finance	
I.	<p>Does the subrecipient(s) master grant file include the following: grant award letter, subrecipient agreement, amendments, copies of reimbursement requests, and quarterly programmatic reports? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>a. Who maintains the file? <a href="#">Click here to enter text.</a></p>
II.	<p>Are there special conditions related to the grant? If so, what are they? (i.e. EHP review, match requirements, stakeholder restrictions) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Please ensure that the subrecipient is not spending the grant award until the EHP has been approved (purchase orders and expenses are not acceptable).</p> <p><u>Approval Date:</u> <a href="#">Enter Date</a>  <a href="#">Click here to enter text.</a></p>
III.	<p>Are separate ledger accounts kept so that revenues and expenses for each project and/or grant are tracked? (Required: 2 CFR 200.302 for state, local governments, and non-profits. Request to see sample ledger.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>a. If yes, what is the contract's account code/number?  <a href="#">Click here to enter text.</a></p> <p>b. Does the system identify the CFDA number, Federal Award ID number and year, name of Federal Agency, and name of pass-through agency (AZDOHS)?  <a href="#">Click here to enter text.</a></p> <p><b>(Note: Compare against invoices when expenditures are reviewed. If not the same, you may need to discuss with the appropriate individuals.)</b></p>
IV.	<p>Explain the system(s) in place that are used by the project manager to monitor budgets and actual costs on an ongoing basis. Who monitors, and who's informed of budget status?  <a href="#">Click here to enter text.</a></p>
V.	<p>Are internal financial reports on the grants maintained and kept current? Who reconciles, and how often are they reconciled? (names/titles) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><a href="#">Click here to enter text.</a></p>
VI.	<p>Does the relevant staff have knowledge of the Super Circular OMB 2 CFR 200? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="text-align: center;"><b>www.ecfr.gov</b></p> <p><b>If not</b>, remind them that this is a requirement of the grant and identified in the subrecipient agreement.</p>
Personnel	
VII.	<p>Are grant funds being used <b>to supplement</b> existing budgets, and <b>not to supplant</b> budgets? Supplanting budgets with grant funds is unallowable. <span style="float: right;"><input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
VIII.	<p>Are time and effort reports in the grant file? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
IX.	<p>Are time and effort reports reviewed before payroll is processed? If so, by whom? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><a href="#">Click here to enter text.</a></p>
X.	<p>Is the agency participating in the E-Verify program? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><b>If not or if uncertain, have the stakeholder contact their HR department to verify.</b>  <b>(Note: Tribal entities are not required to participate in E-Verify)</b></p>

<b>Operation Stonegarden</b>		<input type="checkbox"/> N/A
XI.	Date of the most recent overtime policy on file with AZDOHS (refer to pg. 2) <u>Enter Date</u>  Is there an updated version available? <b>If yes</b> , obtain a copy during the site visit. <u>Enter Date</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
XII.	Describe how subrecipient employee-related expenses (ERE) are calculated. Request examples. <b>(Note: Only EREs which increase incrementally based upon pay [required retirement, Social Security and Medicare (FICA), Worker's Compensation] are allowable.</b>  <u>Click here to enter text.</u>	
<b>Procurement</b>		<input type="checkbox"/> N/A
Professional and Contractual Services:		
XIII.	Are trainer/instructor/consultant services included in the grant award? <b>If not</b> , skip to Question XIV.  a. If yes, was the \$450 per day fee limitation observed or was a waiver approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
XIV.	Were State and local procurement procedures and laws followed?  a. Was a competitive bid process, when applicable, adhered to when contract was awarded? Request to see evidence of the bidding process (i.e., copy of other bids or other paperwork).	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
XV.	Are written policies and procedures related to grants management, accounting and procurement available to relevant staff? If not, explain why. <u>Click here to enter text.</u>  a. Date of the most current procurement policy on file with AZDOHS (refer to page 2): <u>Enter Date</u>  Is there an updated version of the policy available? <b>If yes</b> , obtain a copy during the site visit.	<input type="checkbox"/> Yes <input type="checkbox"/> No     <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Insurance Coverage</b>		
I.	Subrecipient representative affirms the organization maintains insurance coverage as described in 2 CFR §200.310.  (§ 200.310 Insurance coverage -- The non-Federal entity must, at a minimum, provide the equivalent insurance coverage for real property and equipment acquired or improved with Federal funds as provided to property owned by the non-Federal entity. Federally-owned property need not be insured unless required by the terms and conditions of the Federal award.)  Print/Type Name: <u>Click here to enter text.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Recordkeeping</b>		
II.	Are all records (programmatic and fiscal) maintained for three (3) years after the close of the grant at the federal level as required by AZDOHS and the Arizona Department of Library, Archives, and Public Records?  Who is responsible? <u>Click here to enter text.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
III.	Are fiscal records for the grant kept in a secure location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV.	Are invoices and/or receipts kept on file to support reported expenditures?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Match Requirements</b>		<input type="checkbox"/> N/A
V.	If applicable, how was the match requirement met?	<input type="checkbox"/> Cash <input type="checkbox"/> In-kind
VI.	Subrecipient provided support documentation to meet match requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subrecipient representative verifying that match requirements were met in compliance with grant guidance and applicable CFRs:		
Print/Type Name: <a href="#">Click here to enter text.</a> Signature: <a href="#">Click here to enter text.</a> Date: <a href="#">Enter Date</a>		
<b>Pass-Through Funds</b>		<input type="checkbox"/> N/A
(Applicable when subrecipient subgrants funds awarded to them by AZDOHS)		
VII.	If applicable, how are subrecipients monitored with the pass-through funds? <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
VIII.	Does the subrecipient have written contract administration/subrecipient management and administration procedures that include monitoring?  <i>If yes, obtain a copy of written procedures.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section C: Equipment Monitoring (2 CFR 200.313)</b>		
<b>Equipment Monitoring:</b> A control system must be deployed to ensure adequate safeguards to prevent loss, damage, or theft of the property. Any loss, damage or theft must be investigated.		
I.	Have digital photos been taken of the applicable equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
II.	What is the policy or procedure for conducting physical inventory (including the inventory schedule)? If computer-based, provide an excerpt that includes equipment purchased with grant funds. Provide a copy of the last inventory record.  <a href="#">Click here to enter text.</a>	
III.	What is the subrecipient's maintenance policy (to include requirements and schedules)?  <a href="#">Click here to enter text.</a>	
IV.	Explain the subrecipient's policy for disposition of equipment (i.e., sale, transfer, discard). <b>(Note: Remind stakeholder of grant-funded equipment disposition threshold (\$5,000) and AZDOHS approval procedure for equipment greater than \$5,000 in value)</b>  <a href="#">Click here to enter text.</a>	
V.	Does the property control record system include (check box if item is included):  <input type="checkbox"/> Description of equipment <input type="checkbox"/> Serial number <input type="checkbox"/> Purchase date <input type="checkbox"/> Title <input type="checkbox"/> Location and use <input type="checkbox"/> Condition <input type="checkbox"/> Disposition date and sale price, if applicable	
VI.	Operation Stonegarden – <b>Equipment Marking (Effective FFY 2017)</b>  When practicable, is equipment prominently marked "Purchased with DHS funds for Operation Stonegarden Use"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: <a href="#">Click here to enter text.</a>		

## Section D: Program/Project Review

### Project Implementation

I. Review grants with subrecipient:

a. Core Capability Impact:

- i. How is this project addressing the State Preparedness Report core capability gap identified in the grant application?
- ii. How will the grant/project be sustained?

Grant Number	Open/ Closed	POETE	Comments
Click here to enter text.	Choose an item.	Choose an item.	Gap: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Gap: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Gap: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Gap: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Gap: Click here to enter text.
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Click here to enter text.	Choose an item.	Choose an item.	Gap: Click here to enter text.
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<b>Reporting and Communication</b>	
II. Does the subrecipient submit progress reports in a timely manner, providing all required information and capturing project accomplishments? <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
III. Are there any issues/concerns that may impede the progress or implementation of the project within the period of performance? <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Regionalization/Partnership</b>	
IV. Describe which agencies will benefit or have already benefited from this/these project(s). <a href="#">Click here to enter text.</a>	
<b>Community Engagement</b>	
<b>Whole Community is an approach to emergency management.</b> Collectively, we can leverage all of the resources for preparing for, protecting against, responding to, recovering from and/or mitigating against all hazards (Engagement is not limited to grant-related activities, but rather to the community as a whole).	
V. How do you engage/educate the community about your agency and the services it provides? <a href="#">Click here to enter text.</a>	
VI. In what ways is outreach conducted with nonprofit organizations, faith-based communities, the private sector, functional needs populations, vulnerable populations, youth/children, etc.? <a href="#">Click here to enter text.</a>	
<b>Planning</b> <span style="float: right;"><input type="checkbox"/> N/A</span>	
VII. What were the accomplishments/outcomes (i.e., strategies, emergency response exercise(s), communication plans, etc.) <a href="#">Click here to enter text.</a>	
<b>Personnel</b> <span style="float: right;"><input type="checkbox"/> N/A</span>	
VIII. Are all grant-authorized positions filled? <i>If not</i> , please provide an explanation. <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
IX. Is a copy of personnel positions duties/responsibilities available? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
X. How does the subrecipient ensure position goals and objectives are achieved (i.e., personnel performance appraisals)? <a href="#">Click here to enter text.</a>	
<b>Operation Stonegarden</b> <span style="float: right;"><input type="checkbox"/> N/A</span>	
XI. What is the pre-coordination process with CBP/BP? <a href="#">Click here to enter text.</a>	
XII. How are OPSG overtime deployments scheduled? <a href="#">Click here to enter text.</a>	
XIII. What is the post-deployment approval process? <a href="#">Click here to enter text.</a>	



**Overview:**

Review or inform subrecipient of any processes/procedures or upcoming events (i.e., modification/extension forms, deadlines, etc.).

- Processes/Procedures
- Upcoming events (Meetings – RAC, SAC, OPSG, etc.)
- Modification and Extension forms
- Disposition of Equipment Policies
- Website (Forms, FAQs, Reimbursement Instructions)
- Deadlines
- Training
- Record Retention Policies

Comments: [Click here to enter text.](#)

**Additional Notes:**

Page Number	Section	Question Number	Comments

General Comments: [Click here to enter text.](#)

**Section E: Post Site Visit Summary:**

I. The following project strengths were identified:

[Click here to enter text.](#)

II. The items below were identified as areas for improvement. These issues do not constitute non-compliance and no formal follow-up is necessary:

[Click here to enter text.](#)

III. The project was found to be non-compliant in the following areas:

[Click here to enter text.](#)

IV. Recommendation:

- None
- Submit Corrective Action Plan within 30 days: [Enter Date](#)
- AZDOHS staff conduct a follow-up site visit within the next 60 days: [Enter Date](#)
- Other: [Click here to enter text.](#)

V. It is recommended that the AZDOHS assist the agency by providing technical assistance in the following areas:

[Click here to enter text.](#)