

Third-Party Subaward Monitoring Packet

The monitoring questionnaire is to be used to obtain the information required to satisfy the requirements of 2 CFR 200.332(d). Once all information is obtained and reviewed it is the responsibility of the pass-through entity to issue a report of findings and seek corrective action from the third-party. Documentation of this monitoring requirement must be maintained and made available to FDLE upon request.

Obtaining and reviewing supporting backup for activities and expenditures is a requirement of monitoring. Documentation can be hard copy or electronic, including invoices, policies and procedures, logs, timesheets, etc. that provide evidence that an activity or expenditure claimed on the grant actually occurred. Each question will identify whether documentation is required. However, pass-through entities should use their own judgment to determine what documentation best supports these expenditures and activities. Any documentation collected must be included in the subaward grant file.

Preliminary information to be reviewed prior to conducting monitoring activities:

The pass-through entity should review the subaward file for completeness, status and overall timeliness, including the following:

- Does the third-party subaward file contain all original and required documents?
- Does the third-party subaward file contain all amendments, expenditures, and activities as in subaward agreement?
- Are expenditures and activities submitted by the third-party reflective of activities stated in the third-party subaward agreement?
- Is the third-party current on Single Audit requirements?
- Are there previous monitoring or compliance issues, and have they been resolved?

Documents to be collected at monitoring (documentation may vary):

Completed Subrecipient vs. Contractor
Determination Checklist
Contractual Agreements
Equal Employment Opportunity (EEO)
Certification
EEO Policy
EEOP Approval Letter

EEOP Short Form (Utilization Report)
Expenditure Backup Documentation

Finding of Discrimination & Response
Fourth-Party Monitoring Report
Fourth-Party Subaward Risk Assessment
General Ledger & Chart of Accounts

Grievance Policy
Limited English Proficiency (LEP) Policy
Lobbying, Debarment and Drug Free
Workplace Certification
Net Personnel Documentation
Noteworthy accomplishments, success stories,
or program results narrative

Overtime Policy

Pay Policy
Position Descriptions

Procurement Policy
Program evaluations, analysis or review of impacts
or outcomes on criminal justice and the community

Property Management/Inventory Record
Redacted copies of case files, rosters, client
records, etc.

Sustainment of Personnel Documentation
SAM.gov Verification (UEI#)
Single Audit Exemption Form
Single Audit Findings and Status of Corrective
Action Plan
Third-Party Subaward Compliance Checklist
Travel Policy
Treatment Licenses

Treatment Monitoring Report
Other:

Third-Party Subaward Monitoring Questionnaire

GENERAL INFORMATION

MONITORING DATE:

MONITORING TIME:

HOURS ONSITE:

NAME OF THIRD-PARTY CHIEF OFFICIAL:

TITLE:

PHYSICAL ADDRESS:

MAILING ADDRESS (IF DIFFERENT):

NAME & ROLE OF CONTACT FOR MONITORING:

(Obtain sign-in sheet if needed)

EXIT INTERVIEW/OUT BRIEFING ATTENDED BY:

DID THIRD-PARTY HAVE ANY NEGATIVE FINDINGS ON PREVIOUS AUDITS OR MONITORINGS?

YES

NO

If yes, has the third-party resolved all previous issues/findings?

COMMENTS & NOTES OBTAINED DURING MONITORING:

REVIEWER

Third-Party Subaward Monitoring Questionnaire

ADMINISTRATION

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|----|--|-----|----|
| 1) | Does the third-party maintain a grant file?
<i>If yes, review the file and cite whether contents are complete, organized, etc.</i> | YES | NO |
| 2) | Is the third-party and project staff familiar with the subgrant standard conditions and how they apply to the award? | YES | NO |
| 3) | Is third-party aware they must comply with all requirements that are incorporated by reference in the Standard Conditions? (<i>Safe Streets Act, FAC, Uniform Requirements, DOJ Financial Guide, etc.</i>) | YES | NO |
| 4) | Have all appropriate project and financial staff read the DOJ Financial Guide ? | YES | NO |
| 5) | Is the third-party familiar with the following requirements? | | |
| | a) Only project costs incurred (obligated/encumbered) on or after the start date of the subaward are eligible for reimbursement? | YES | NO |
| | b) An invoice must be paid prior to expenditure being reported? | YES | NO |
| 6) | Is the third-party aware of the requirement and deadlines to submit Single Audits to the Federal Audit Clearinghouse? | YES | NO |
| | a) Does the third-party receive a federal grant in the amount of \$750K or more? | YES | NO |
| 7) | Is the third-party currently compliant with Single Audit Act reporting requirements? | YES | NO |
| | <i>If no, is there an exemption form on file?</i> | YES | NO |
| | <i>If yes, please attach a copy of any findings and status of corrective action plans.</i> | | |

CIVIL RIGHTS

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| 8) | Is the third-party currently compliant with the Department of Justice (DOJ) Equal Employment Opportunity (EEO) reporting requirements? | YES | NO |
| | a) If exempt, has the third-party submitted a certification form to Office of Civil Rights (OCR) via the online EEO Reporting Tool claiming complete exemption from Equal Employment Opportunity Plan (EEOP) requirements? (<i>Obtain copy of certification form for subaward file</i>) | YES | NO N/A |
| | b) If non-exempt with fifty or more employees <u>and</u> is receiving a single award or, subaward, of \$25,000 or more, but less than \$500,000, has the third-party submitted a certification form to OCR via the online EEO Reporting Tool claiming exemption from submitting an EEOP to OCR <u>and</u> prepared an EEOP in accordance with federal requirements? (<i>Obtain copy of certification form with EEOP for subaward file</i>) | YES | NO N/A |
| | c) If non-exempt with fifty or more employees <u>and</u> is receiving a single award or, subaward, of \$500,000 or more, has the third-party submitted a certification form to OCR via the online EEO Reporting Tool stating an EEOP has been submitted to OCR for review and received an approval letter of the EEOP from OCR? (<i>Obtain copy of certification form with letter from OCR approving the EEOP for subaward file</i>) | YES | NO N/A |
| | <i>Notes regarding review of third-party EEO compliance:</i> | | |
| 9) | How does the third-party notify both <u>employees</u> and <u>program participants or beneficiaries</u> that they do not discriminate on the basis of race, color, national origin, religion, sex, disability and age in the delivery of services? | | |
| | <i>Review the policy/procedure and indicate if it addresses both groups.</i> | | |
| 10) | Does the third-party have written policies/procedures for notifying individuals how to file complaints alleging discrimination? | YES | NO |
| | <i>Notes regarding pass-through entity review of the policy/procedure for filing complaints:</i> | | |

Third-Party Subaward Monitoring Questionnaire

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| <p>11) In the last three years, has the third-party had a finding of discrimination issued by a state/federal court or state/federal administering agency on the grounds of race, color, religion, national origin or sex?
If yes, did they submit a copy to OCR and the pass-through entity?</p> | <p>YES <input type="checkbox"/> NO</p> <p>YES NO N/A</p> |
| <p>12) Does the third-party conduct any training for employees on federal civil rights requirements?</p> | <p>YES NO</p> |
| <p>13) Does the third-party have a written policy on providing language access services to Limited English Proficiency (LEP) persons?
<i>Notes regarding pass-through entity review of the LEP policy/procedure:</i></p> <p style="margin-left: 20px;">a) What steps has the agency taken to provide LEP accommodations?</p> | <p>YES NO</p> |
| <p>14) Does the third-party have more than 50 employees <u>and</u> receive a single award of \$25,000 or more in DOJ funding? If yes, have they taken the following actions:</p> <p style="margin-left: 20px;">a) Adopted grievance procedures with due process standards and provided for prompt/equitable resolution of complaints alleging discrimination on the basis of a disability in employment practices and the delivery of services?</p> <p style="margin-left: 20px;">b) Designated a person to coordinate compliance with these DOJ regulations?</p> <p style="margin-left: 20px;">c) Notified participants, beneficiaries, employees, applicants, and others that the third-party does not discriminate on the basis of disability?</p> | <p>YES NO</p> <p>YES NO N/A</p> <p>YES NO N/A</p> <p>YES NO N/A</p> |
| <p>15) Does the third-party operate an education program or activity?
If yes, have they taken the following actions:</p> <p style="margin-left: 20px;">a) Adopted grievance procedures that provided for the prompt and equitable resolution of complaints alleging a violation of DOJ regulations which prohibit discrimination on the basis of sex?</p> <p style="margin-left: 20px;">b) Designated a person to coordinate compliance with the prohibitions against sex discrimination?</p> <p style="margin-left: 20px;">c) Notified applicants for admission and employment, employees, students, parents, and others that the third-party does not discriminate on the basis of sex in educational programs or activities?</p> | <p>YES NO</p> <p>YES NO N/A</p> <p>YES NO N/A</p> <p>YES NO N/A</p> |

GENERAL COMPLIANCE

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| <p>16) Does the third-party retain grant files and records for grant purchases and activities for a minimum period of five (5) years?</p> | <p>YES NO</p> |
| <p>17) Does the third-party have a Lobbying, Debarment and Drug Free Workplace Certification on file?
Is the third-party familiar with the requirements of this certification and are all applicable members complying?</p> | <p>YES NO</p> <p>YES NO N/A</p> |
| <p>18) Is the third-party familiar with the process for renewing the SAM.gov registration and if this registration lapses, a withholding of federal funds will be placed on the subaward until it is renewed?</p> | <p>YES NO N/A</p> |
| <p>19) Has the third-party verified that any vendor or provider paid from this award is not suspended or debarred from receiving federal funds?</p> | <p>YES NO N/A</p> |
| <p>20) Is the third-party paying for travel costs with this subaward?
If yes, obtain a copy of the third-party's written travel policy.
If the third-party does not have a written travel policy, describe what is used to determine travel costs and rates for reimbursement:</p> | <p>YES NO N/A</p> |
| <p>21) Does the grant pay for mentoring, or crime prevention classes/training? If yes,
a) Are records available that clearly show who attended training, received services, etc.?</p> | <p>YES NO N/A</p> <p>YES NO N/A</p> |

Third-Party Subaward Monitoring Questionnaire

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| b) Are copies of curriculum available for review? | YES | NO | N/A |
| c) How are determinations made for who attends training? | | | |

PERFORMANCE

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| 22) Is the third-party up-to-date on all performance reports?
<i>Discuss any delinquent reports and statutory requirements for payment tied to performance, and how it affects their Risk Assessment.</i> | YES | NO |
| a) Are performance reports submitted timely and accurate? If no, please explain: | YES | NO |
| 23) Is the project progressing on time and schedule, all activities in the Scope of Work being accomplished, and/or all items ordered and received?
<i>(Attend meetings, events, or classes related to the project and note whether activities are consistent with the subaward)</i>
If no, please describe the status of the subaward project or program: | YES | NO |
| 24) Where are project activities taking place? | | |
| 25) If activities are co-located at multiple locations or taking place at a location other than the subrecipient agency, conduct a site visit of those locations and note activities, locations and observations: | | |
| 26) Does the third-party have any noteworthy accomplishments, success stories, or program results to showcase? <i>(If yes, obtain a narrative of the above and submit to CJG.)</i> | YES | NO |
| 27) Does the third-party conduct any program evaluations, analysis or review of impacts or outcomes on criminal justice and the community? <i>(Obtain copy of any reports prior to closeout)</i> | YES | NO |

FINANCIAL MANAGEMENT

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| 27) At the time of application, did pass-through entity financial staff verify that subaward funds would not be used to supplant third-party funds which had already been appropriated for the subaward project or activities? | YES | NO |
| 28) Is the subaward project or any subaward activities funded from other sources such as general revenue, forfeitures, etc.? | YES | NO |
| 29) Are other parties receiving funds under this subaward?
If yes, please list the parties: | YES | NO |
| 30) Describe the third-party's accounting system and how federal grant funds are tracked and reported. Explain how federal funds are tracked separate from general revenue.
<i>(Review records of subaward, expenditure of funds, requests for reimbursement, receipt/deposit of funds, etc. to verify that the third-party's accounting system is compliant with federal requirements. Obtain copy of financial statements and/or general ledger. Total amount of actual expenditures in each budget category should tie to the cumulative expenditures on the coinciding performance report.)</i> | | |

Third-Party Subaward Monitoring Questionnaire

- 31) Describe how the third-party documents and supports expenditures made within each grant category.
Select a representative sample of expenditures from each budget category and obtain the full supporting documentation for those expenditures (procurement documents, invoice/receipt, canceled checks, payroll, timesheets, dates/descriptions of training, sign-in sheets etc.)
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| a) Do the expenditures reflect those items on the performance report and grant budget? | YES | NO | N/A |
| b) Does the performance report and documentation contain only those items that are in the approved subaward budget? | YES | NO | N/A |
- 32) What is the current balance and percent of unexpended funds? \$
- 33) Will the third-party expend all funds prior to the expiration date of the subaward? YES NO
- 34) Is the third-party up-to-date on all expenditure reports? YES NO
- a) Are expenditure reports submitted timely and accurate? If no, please explain: YES NO
- 35) Does the approved subaward budget contain unit costs? YES NO N/A
If yes, obtain documentation supporting how unit costs were derived and services provided.
- 36) Does the subaward budget contain Indirect Costs? YES NO
If yes, is there an approved Indirect Cost Rate plan on file? YES NO N/A
If no, are they using a negotiated or de minimus rate? YES NO N/A

PROJECT GENERATED INCOME (PGI)

- 37) Does any subaward activity result in the third-party receiving additional funding or income, such as client fees, payments, forfeitures, Medicaid payments for bed days or other medical supplies or services, service charges or fees collected as a result of grant funded equipment, reimbursement from participants for drug testing from drug court activities, etc.) or other Project Generated Income (PGI)? YES NO
- 38) Is the agency up-to-date on PGI reports and expenditures? If no, please explain: YES NO N/A
- 39) Has all earned PGI been budgeted and approved for expenditure? YES NO N/A
If no, please explain:
- 40) Is the same financial management and accounting system used for PGI as was discussed in previous section? If no, please explain the agency's system for accounting for PGI. YES NO N/A
- 41) If the third-party is earning program income, is there interest earned on these funds? YES NO N/A

PROCUREMENT

- 42) Describe how the items, goods and/or services were procured for this subaward (i.e. state contract, competitive bid, multiple quotes, etc.).

Third-Party Subaward Monitoring Questionnaire

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| 43) Does the third-party have written purchasing procedures? | YES | NO |
| If yes, do the procedures comply with federal procurement standards? | YES | NO |
| Review the procedures for the types of purchases applicable to the subaward and verify they procured items/services accordingly. Obtain copies of procedures used for subaward purchases. | | |
| Were written procedures followed for items, goods or services procured for this subaward? | YES | NO |
| If no, please describe: | | N/A |

OCO / EXPENSES

Answer this section only if Expense or OCO items were purchased from the subaward

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| 44) Did the third-party complete an initial review or analysis to determine that the items were reasonable and necessary prior to purchase, including a review of the 1033 program? | YES | NO | N/A |
| 45) Describe or observe how items purchased on the subaward are being used. | | | |
| 46) Does the third-party have a property management/inventory system? Describe the property management system, how often inventory is conducted and how grant funded equipment is tracked. (Obtain a copy of inventory and property records and verify items purchased and recorded correspond to the approved grant award and are included in the agency's inventory records) | YES | NO | |
| 47) Does the third-party notify the pass-through entity prior to disposal of each subaward funded item? | YES | NO | N/A |
| 48) Does the third-party assure that subaward funded property is maintained and insured in compliance with federal requirements? | YES | NO | N/A |

SALARIES / BENEFITS

Answer this section only if Salaries/Benefits are being paid from the subaward

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| 49) Is the subaward paying full or partial salaries for any position that was established or maintained as a net personnel increase? (Only for FTE and OPS, not applicable to overtime)
If no, please explain: | YES | NO | N/A |
| 50) Is the subaward paying full or partial costs of positions that would have otherwise been laid off if not for the availability of grant funds?
If yes, obtain documentation supporting the sustainment of personnel. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 51) Does the third-party have position descriptions for each individual being paid from the subaward?
If yes, obtain copies for each position. (Not required for overtime) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 52) Does the third-party have a pay plan or written policy for leave and fringe benefits in place?
If yes, obtain a copy of the policy. Verify salaries and benefits paid/claimed match pay policy. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 53) If subaward budget includes overtime, does the third-party have a written policy for overtime?
If yes, obtain copy of policy. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 54) Are timesheets kept and available for all personnel paid by the subaward, including overtime?
Obtain a sampling of timesheets for personnel and/or overtime charged to the subaward. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

Third-Party Subaward Monitoring Questionnaire

- 55) Does the third-party complete semi-annual payroll certifications indicating personnel worked solely on the grant? *If yes, obtain copies of certifications for all personnel funded from the subaward.* ☐ YES ☐ NO ☐ N/A
 If no, does the third-party have supporting documentation showing time/cost allocation for persons working on multiple funding sources? ☐ YES ☐ NO ☐ N/A

CONTRACTED SERVICES

****Answer this section only if Contractual Services are being paid from the subaward****

- 56) Has the third-party completed/executed, or plan to enter into an agreement with a vendor or service provider to provide goods or services for the subaward activities? *(Includes installation, leases, service, maintenance contracts, etc.)* YES NO N/A
If yes, obtain copy of contractual agreements and complete a Subrecipient vs. Contractor Determination Checklist for each subcontract.
- 57) If the vendor or service provider was determined to be a fourth-party subaward on the completed Subrecipient vs. Contractor Determination Checklist, is the third-party aware they must ensure compliance with 2 CFR §200.332 – *Passthrough entity requirements*? YES NO N/A
 a) Has a Third-Party Subaward Compliance Checklist been completed for the fourth-party and are they in compliance? *(Obtain copy of completed Third-Party Subaward Compliance Checklist.)* YES NO N/A
 b) Does the third-party understand they will be required to complete a fourth-party subaward risk assessment? *(Obtain copy of fourth-party subaward risk assessment draft.)* YES NO N/A
 c) Has a fourth-party subaward risk assessment already been completed by the third-party? YES NO N/A
 d) Does the third-party understand they will be required to monitor the fourth-party subaward? *(Obtain copy of fourth-party subaward monitoring tool draft.)* YES NO N/A
 e) Has the third-party already monitored the fourth-party subaward? YES NO N/A
If yes, were there any findings of non-compliance? YES NO N/A
- 58) Are the effective dates of the contract/fourth-party subaward consistent with the subaward period? YES NO N/A
If no, please explain:
- 59) Does the contract/fourth-party subaward with the provider include all activities in the third-party subaward? YES NO N/A
- 60) Does the contract/fourth-party subaward with vendors/providers for the third-party subaward include all required provisions, including passing-through the FDLE subaward standard conditions? YES NO N/A
- 61) Did the third-party list all subcontracted parties in the subaward(s)? YES NO N/A
- 62) Describe the activities each party in the contract/fourth-party subaward is subcontracted to perform:
- 63) Has the third-party confirmed that each contractor, vendor or provider being paid with grant funds is not on the federal government's Excluded Parties List? YES NO N/A
Obtain copies or verification that this was completed for each vendor or provider paid from the subaward.

TREATMENT / SERVICE PROVIDERS

****Answer this section only if the subaward is paying for treatment programs or service providers****

- 64) Does the third-party have copies of the State of Florida licenses for the service provider/treatment facility and staff? *(Obtain copies of personnel rosters and licenses)* YES NO N/A
- 65) Does the third-party have a copy of the most recent monitoring report for the service provider/treatment facility from the State of Florida licensing agency? *(Obtain copy of full monitoring report)* ☐ YES NO N/A

Third-Party Subaward Monitoring Questionnaire

- 66) Describe the type of treatment or programming the service provider uses (HOPE, Matrix Model, etc.):
- 67) What documentation is available for review to support services and deliverables were provided or received? Are both open and closed case files available for review?
(Review case files, rosters, client records, etc. – obtain redacted copies where needed)
- 68) Are provider files accurate and provide for a clear audit trail of services provided to clients, including amounts/quantities invoiced to third-party, and submitted by third-party to pass-through entity? YES NO N/A
- 69) Does documentation provided on each client support their participation in the program? YES NO N/A
- 70) Did the documentation clearly show the services each client received in the program? YES NO N/A
- 71) Are there any clients that were reimbursed on the grant that received non-grant related services? YES NO N/A
- 72) Describe how determinations are made for who participates in the program to receive services
- 73) Were services provided to clients that were not eligible, or did not qualify based on the description above? If yes, please explain. (obtain copies of documentation) YES NO N/A
- 74) Does the third-party or service provider conduct any religious activities as part of the program, treatment or service? If yes, does the agency/provider do the following:
a) Include activities such as prayer or religious teachings with these services? YES NO N/A
b) Provide services to everyone regardless of religion or religious belief? YES NO N/A
c) Make participation in religious activities voluntary for participants of the subaward program? YES NO N/A
- 75) Does the third-party or providers conduct AA, NA, or other 12-step programs in any therapy or treatment services provided? YES NO N/A
If yes, are they included in the programming or services conducted under the grant? YES NO N/A
If yes, is participation in these meetings or sessions optional for participants? YES NO N/A