**Subgrantee Financial Monitoring Worksheet**

Revision (2) 1/7/2020, JS

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| Sub Grantee: |  |
| Grant Number: |  |
| Grant Project Name:  |  |

The purpose of this Work Sheet is to assist the Town/City/ Municipality, *(Grantee)* to evaluate a potential Subrecipient’s risk of noncompliance with the Uniform Guidance. This will also determine what level of monitoring is appropriate for activities of the Subrecipient Organizations. This could include but is not limited to the Subrecipient Organizations processes, procedures, and financial internal controls to determine if the Subgrantee Organizations Grant Administration practices are in Financial Compliance.

To Determine Financial Compliance, the Subgrantee should complete the Attached Worksheet.

Please also provide the following:

* A copy of the most recently completed Audit.

***If a recent Audit by an independent professional auditor is not available***

 ***The City/Town may, require the subgrantee to hire and pay for an Audit and review of Internal Financial Controls***

* A copy of the Subrecipient’s current “Policies & Procedures”

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| --- | --- | --- |
| Contact: |  | (Municipality or Grant Administrator) |

with any questions or concerns regarding the Financial Monitoring Worksheet or required supporting documentation.

**Please Complete the Financial Worksheet as Accurately as Possible**

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| --- | --- |
| **Grant Administrator:** |  |

Contact Information for the Financial Administrator of the Subrecipient.

*(Individual Completing this Form)*

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

Contact Information for the Financial Officer having knowledge of Subrecipients Internal Control Processes. (*if different from above)*

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

1. **Financial Management Process:**

Please provide a brief explanation of Internal Control Systems, that describes Cash Management and Requisition procedures, as it pertains to the Grant.

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| 1. What is the process for submitting the requisitions for review by the Municipality?
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1. **Segregation of Duties**

Please provide the name & position of the individual(s) responsible for the following activities as it pertains to the Grant.

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| --- | --- | --- |
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| 1. Are all account records currently maintained by one (1) Individual?
 | Yes | No |

|  |  |
| --- | --- |
| Name: | Position: |
| Name: | Position: |

|  |  |  |
| --- | --- | --- |
| 1. Are the bank and ledger balances reconciled monthly? And by whom:
 | Yes | No |
|  |  |  |
| Name: | Position: |
| Name: | Position: |

|  |  |  |
| --- | --- | --- |
| 1. Are checks only written to specific payees and not to “cash”?
 | Yes | No |
| 1. Does one (1) Individual open mail & deposit checks? And by Whom:
 | Yes | No |
| Name: | Position: |

|  |  |  |
| --- | --- | --- |
| 1. Are pre-numbered checks used for all Bank Accounts?
 | Yes | No |
| 1. Are Bank Statements reconciled on a regular basis? And by Whom:
 | Yes | No |
| Name: | Position: |

|  |  |  |
| --- | --- | --- |
| 1. Are Policies and Procedures for Financial Operations documented?
 | Yes | No |
| 1. Does the same individual that approves payments write the checks?
 | Yes | No |
| 1. Have Authorized Signers changed during the last Fiscal Year?
 | Yes | No |
| 1. Are Financial Records maintained in a computerized system?
 | Yes | No |
| 1. Are Audits performed Annually by an independent professional?
 | Yes | No |
| 1. Of the most recent Annual Audit was the Opinion Unqualified?
 | Yes | No |
| 1. Does the Board receive regular Reports of the Financial Condition of the Organization?
 | Yes | No |
| 1. Is the mail processed by a different individual than the person signing checks?
 | Yes | No |
| 1. Are funds promptly deposited (weekly)?
 | Yes | No |
| 1. Does the same individual accept Documents, funds, and deposit them?
 | Yes | No |

 And by Whom:

|  |  |
| --- | --- |
| Name: | Position: |

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| --- | --- | --- |
| 1. Are Cash Receipts directly associated with Bank Deposits?
 | Yes | No |
| 1. Do individuals that handle cash also post the activity?
 | Yes | No |
| 1. Are all expenditures Approved by the Board prior disbursement?
 | Yes | No |

 If no, by Whom:

|  |  |
| --- | --- |
| Name: | Position: |

|  |  |  |
| --- | --- | --- |
| 1. Are Payroll Withholdings reconciled to Payroll Reports?
 | Yes | No |
| 1. Are Withholding Taxes remitted timely?
 | Yes | No |
| 1. Are detailed Cash Receipts & Cash Disbursements Journals Maintained?
 | Yes | No |
| 1. Are General Ledger & Subsidiary ledgers kept up to date & reconciled Monthly?
 | Yes | No |
| 1. Is Computer Data backed up Daily & Source documents retained?
 | Yes | No |
| 1. Do the Individuals that handle cash or prepare checks reconcile Bank Statements?
 | Yes | No |

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| Signature of Person Completing this form | Title | Date |

This Form is to be Completed as an Award Condition and/or as Special Conditions.

Thank you.