Dear ,

My name is , and I am the CCJJ grants analyst assigned to monitor grants. My hope is that we can work well together to ensure compliance with the terms of your grant , so you can focus on fulfilling your important mission.

As part of the conditions of our grants, we are required to monitor our subgrantees. In accordance with the Code of Federal Regulation Title 2, Subtitle A, Chapter 2, Part 200 § 200.331, Utah Commission on Criminal and Juvenile Justice (CCJJ) completes site visits and/or desk reviews of their subgrantees. These visits/reviews are important to “ensure that the subaward is used for authorized purposes, in compliance with State and Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.” Please complete this survey in relation to your grant

 and provide the documentation requested by . We appreciate your cooperation and assistance with this .

If you have not done so already, please take the Civil Rights and Discrimination Policy Training and fill-out the certification form at the following link:

* [*Civil Rights Training Presentation*](https://prezi.com/view/pq6Ri9xleHsqt03J7BHw/)

# Documentation Needed for Desk Review

**Information Needed for Desk Review**

Please provide the requested information and documentation no later than , *or contact me to extend the deadline*. I thank you in advance for your cooperation and time put into this desk review. As soon as I receive all the requested information and I have completed the review, I will send you a Monitoring Report, which you should keep in your grant records. Please don’t hesitate to contact me with any questions.

\*\*\*If your grant includes CI funds, DO NOT send receipts (or any other personal identifying information) for those CI funds. When we need to view those receipts, we will perform a site visit and view them on site.\*\*\*

Sincerely,



 , CCJJ

**Subgrantee Desk Review Survey**

# Instructions

Please do your best to answer each of the following questions. The monitoring team at CCJJ is more than happy to help you with any of your own questions regarding the survey. The following instructions are intended to address some of the more frequent issues encountered by grantees in the past or which may be encountered in this new format:

* There are no right/wrong answers. This is not an audit. The purpose of this survey is to help us understand where your policies and procedures, so that we can help you be more successful with your grant. It is even ok to answer with an “I don’t know” or something to that effect. Again, this is a tool to help us better serve you and your organization.
* File attachments in Adobe sign are limited to 25 pages and 5 MB. Only one document may be attached per attachment field. It is uncommon for a grantee to need to attach more than this. However, if you feel this is necessary in your case, you may attach what you can and then send the rest in an email to your monitor after signing this form.
* Even if a question does not apply to your grant purchases/programs we appreciate answers that are reflective of your organizations current policies for purchases/programs. For example, if your organization is not required to submit your EEOP to OJP, we still appreciate question 29 answered yes (if your organization has a written EEOP).
* Upon Signing this form you will be required by the form to enter the email address of the next signer. This should be a financial officer from your organization. If an actual financial officer is not available another individual with knowledge of the financial aspects of the grant may sign instead.

| **Subgrantee Name and Address** |  |
| --- | --- |
| **Project Director and Contact Information** |  |
| **Grant Number(s)** |  |
| **Grant Period(s)** |  |
| **Title of Project** |  |
| **Award Amount** |  |
| **Match Amount** |  |
| **DUNS Number** |  |
| **Date of Desk Review** |  |
| **Date of Site Visit (if applicable)** |  |
| **Monitor and Email** |  |

**INTERNAL CONTROLS**

1. Explain your agency’s financial control procedures regarding separation of duties.
2. Attach all financial and purchasing policies.

**BUDGETARY ITEMS**

1. Have any grant change requests been submitted for this grant?

If yes, explain any grant change requests.

1. Does this grant require a cash match?

If yes, attach cash match documentation.

1. How do you determine the reimbursement request amounts?
2. How do you track your actual expenditures to ensure that they do not exceed the amounts in the approved budget categories
3. Are indirect costs included in the approved budget for this award?

If yes, please list the current indirect cost rate and the effective dates for that rate.

1. What financial or administrative concerns, if any, do you have with this award?

**SINGLE AUDIT INFORMATION**

1. Does your agency expend federal funding of $500,000 or more annually?

If yes, attach agency’s most recent single audit.

**TAX EXEMPT STATUS**

1. Does your agency claim tax-exempt status on purchases or seek reimbursement of taxes paid from the Utah Tax Commission?

If yes, attach tax-exempt certificate.

**PERSONNEL**

1. Are personnel costs associated with this grant?

If yes, attach personnel and payroll policies and procedures.

1. Explain any changes to key personnel or employees listed in grant application. If not applicable, write N/A.
2. How do you determine how much to charge to the award for an employee’s salary and fringe benefit costs, including those employees whose hours may be allocated to more than one cost center (e.g. various grants and non-grant activities)? If not applicable, write N/A.

1. For any personnel funded by this grant, please provide the following:
	* Employee’s name, title, and pay rate
	* Job description with explanation of duties
	* Total daily hours and dates worked
	* Daily hours charged to this project
2. Is overtime being paid with grant funds?

If yes, please explain.

**CONTRACT/CONSULTANT COSTS**

1. Are there contract and/or consultant services being charged to this grant?

If yes, please explain.

1. Attach policies and procedures regarding contract and consultant costs.

**EQUIPMENT, SUPPLIES, AND OPERATING COSTS (ESO)**

1. Are there ESO charges to this grant?

If yes, please provide the following:

* + Inventory lists (model and serial numbers, item descriptions, etc.)
	+ Fixed asset policies
	+ Purchase orders and/or invoices
1. Are equipment/supplies/operating expenses being shared on multiple projects?

If yes, explain how the expense was pro-rated and attach supporting documentation.

**TRAVEL AND TRAINING**

1. Are travel and training costs approved for this grant?

If yes, provide:

* + Travel policies and procedures (regarding lodging, per diem, mileage rates etc.)
	+ Travel documentation, including dates, times, locations, names of attendees, and receipts and supporting documentation for all lodging, transportation, meals, registration, etc.

**CONFERENCES, MEETINGS, TRAININGS, AND OTHER EVENTS FOR GRANTS FUNDED THROUGH FEDERAL AWARDS**

Compliance with applicable rules regarding approval, planning, and reporting of conferences, meetings, trainings, and other events: The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable laws, regulations, policies, and official DOJ guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal funds for expenses related to conferences (as that term is defined by DOJ), including the provision of food and/or beverages at such conferences, and costs of attendance at such conferences.

Information on the pertinent DOJ definition of conferences and the rules applicable to this award appears in the DOJ Grants Financial Guide (currently, as section 3.10 of "Postaward Requirements" in the " DOJ Grants Financial Guide").

1. Are you conducting any training sessions, meetings or conferences with federal grant funds through your grant award? (If your grant is funded by State funds mark “No”)

If yes, please explain:

**CONFIDENTIAL INFORMANT FUNDS**

1. Has this program been granted authority to use confidential informant funds?

If yes, explain your agency policies and procedures regarding the handling of confidential informant funds.

**OTHER PROJECT FUNDING**

1. Does this program receive funding from other sources?

If yes, explain other sources of funding.

**PROGRAM INCOME**

1. Does this program generate program income?

If yes, please attach your policies and procedures regarding program income as well as supporting documentation for program income generated.

I certify that the information given by me on this form is correct and has been answered to be the best of my ability.

| X |  |  |
| --- | --- | --- |
| Financial Officer’s Name (print) and Signature |  | Date |

I certify that the information given by me on this form is correct and has been answered to be the best of my ability.

| X |  |  |
| --- | --- | --- |
| Program Administrator’s Name (print) and Signature |  | Date |