

1

Subrecipient Monitoring Template

(088-GP 14)

Subgrantee Information (to be complete	ed prior to a site visit)			
Agency/Program Name				
Subgrecipient Identification Number:	xxxx Total Funding Amount \$:	\$	Funding Period:	Date-Date
Director/Designated Point of Contact	-	•	•	
Mailing Address				
Site Visit Address(es)/Virtual				
Telephone #	(xxx) xxx-xxxx Email			
Subrecipient Contacts (persons providing	-	•		
information)				
Date(s) of Monitoring Visit				
Pass-through entity staff in attendance				
(name/title)				
Type of Program	Describe the region/population/demographi servied	hic of those being Description of services being funded		
Name of program	Description of population/demographic		Description of services being funded	
Programmatic (Questions)	Description of Documentation to be Reviewed	Yes	No	Comments
Q1. Questions should reflect programmatic requirements to ensure alignment with programmatic goals and objectives and described/agreed upon within the subaward agreement	Documentation reviewed should reflect the question being asked/monitored	х		insert comments/observations/thoughts
Q2				
Q3				
Q4				
Q5				
Q6				
Q7				
Q8				
Q9				
Q10				
Fiscal (Questions)	Description of Documentation to be Reviewed	Yes	No	Comments
Q1. Does the subgrantee have a copy of its current subgrant award document(s) and any subgrant amendments?	Original signed subgrant award		х	insert comments/observations/thoughts
Q2. Do agency policies and procedures specify that different people prepare chacks, sign checks, reconcile bank accounts, and have access to bank accounts (segregation of duties)	Agency fiscal policy and procedures			
Q3. Do agency policy and procedures identify individuals in the organization who are authorized/designated to sign checks?	Agency fiscal policy and procedures			
Q4. Do agency policy and procedures require the check signer to review documents (source documentation) in support of checks presented for signature?	Agency fiscal policy and procedures			
Q5. Does the organization partner with any other state, federal, or nonprofit programs to provide resources?	Agency fiscal policy and procedures			
Q6. Does time reporting system show levels of	Review time reporting system at employee level			
approval?	and approval processes/policy			
	`Review deposit slip and bank statement for last			
Q7. Are tax deposits current?	quarter			

Q8. Does inspection of the organizations last				
bank statement, deposit slips, etc., trace the	Review last draw request, appropriate bank			
deposits of grant funds into the organizations	statements, deposit slips, journals, etc.			
account?				
Q9. Does the organization have source	Compare last request for reimbursement			
documentation/back-up documentation, i.e.,	submitted to actual invoice(s) in organizations			
ledgers, invoices, to suppor the last request for	fiscal file(s)			
reimbursement submitted to grantor?				
Subrecipient Feedback	Comments/Discussion			
Discuss contact/communication between the				
pass-through entity and subrecipient				
Discuss unanticipated				
obstacles/barriers/challenges and how they				
were or can be resolved				
Discuss unanticipated benefits				
Review technical assistance needs and/or				
requests				
Review other questions/concerns/thoughts				
Findings/Recommendations/Follow-Up/Co	rrective Action Plan, specific observations, con	nments, recomme	ndations, timeline	es

2



Subrecipient Monitoring Form

(088-GP 14)

Fill out the Pass Through Entity information and include the program name, PTE's name and adc
Fill out the Subrecipient's information and include the name, point of contact name, and address
Fill out the grant's performance period, budget period and when the amendment will take effect
Enter the changes the amendment is requesting. Include what the amendment affects, the nece reason for the amendment request.
Enter the proposed fiscal changes to the award. Include the amount previously obligated, the an
Enter the names of the incorporated documents, the changes to the award computation and the
Signing Section: Enter the names and titles of the agency's authorized signers.
Send the Subaward Amendment request to the Pass-through Entity with all of the supporting do

Note: A state agency may alter this form to suit your agency's needs as long as all fields are present.

lress in the fields
5
t, if approved.
ssary changes and
nounts obligated by
e changes to the
ocumentation.