



# 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: \_\_\_

Subrecipient: \_\_\_\_\_

Location of Site Visit: Subrecipient Address

Date of Notification Letter: Enter Date

AZDOHS Staff Conducting the Site Visit:

Name	Title/Position
Select Name	Choose an item.
Select Name	Choose an item.
Select Name	Choose an item.
Select Name	Choose an item.

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
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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
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**Finance**

- If applicable, is subrecipient current on audits (Within 9 months of end of fiscal year)? Review and discuss with monitoring team 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 \_\_\_\_\_
    - 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?  
\_\_\_\_\_
- Are there financial special conditions related to the grant? If so, what are they? (i.e. audit findings, AZDOHS holds, match requirements, subrecipient restrictions)  
\_\_\_\_\_

**Programmatic**

- Subrecipient Agreement
  - 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?**    Yes    No

**Equipment - 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)?
- If EHP applicable, date of most recent correspondence: \_\_\_\_\_

**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?
OPSG Review of Subrecipient's grant file	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 OT/Mileage Log in subrecipient records (Y/N)	Hours reported on Overtime log match Payroll (Y/N)

**Comments:**

**Finance**

<p>I. Does the subrecipient(s) master grant file include the following (Check only those that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Grant award letter</li> <li><input type="checkbox"/> Subrecipient agreement</li> <li><input type="checkbox"/> Amendments</li> <li><input type="checkbox"/> Invoices, and/or receipts and purchase orders to support reported expenditures</li> <li><input type="checkbox"/> Copies of reimbursement requests</li> <li><input type="checkbox"/> Quarterly reports</li> </ul> <p>a. Who maintains the file? <a href="#">Click here to enter text.</a></p> <p>b. Are fiscal records for the grant kept in a secure location?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>II. Has a fund(s) or account(s) in subrecipient’s accounting system been established that identifies the revenues and expenses associated with the grants independently from all other funds whether they are local or federal funds?</p> <p>a. If yes, what is/are the account codes/numbers?</p> <p><a href="#">Click here to enter text.</a></p> <p>b. If no, how are funds tracked? (Provide subrecipient reference: 2 CRF 200.302)</p> <p><a href="#">Click here to enter text.</a></p> <p>c. Does the financial system have notation capability to identify the CFDA number, Federal Award ID number and year, name of Federal Agency, and name of pass-through agency (AZDOHS)?</p> <p>d. Is the CFDA information contained in the financial system? (Subrecipient should have notation in accounting system whether electronic/automated or manual.)</p> <p><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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>III. Explain the system(s) in place that are used by the project manager and finance staff to monitor budgets and actual costs on an ongoing basis. Who monitors, and who's informed of budget status?</p> <p><a href="#">Click here to enter text.</a></p>	
<p>IV. Are internal financial reports on the grants maintained and kept current? Who reconciles, and how often are they reconciled? (names/titles)</p> <p><a href="#">Click here to enter text.</a></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>





**Section C: Equipment Monitoring (2 CFR 200.313)** N/A**Equipment Monitoring:** 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 subrecipient 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. Equipment Records – Subrecipient Advised <input type="checkbox"/> Updated Property Control Forms are to be submitted when equipment disposition occurs. <input type="checkbox"/> Records for equipment acquired with grant funds must be retained for <b>3</b> years after final disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
VII. 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: [Click here to enter text.](#)

**Section D: Program/Project Review**

**Project Implementation (SHSGP, UASI, NSGP only)**

I. Review grants with subrecipient:

a. Core Capability Impact:

i. **How will this project help your agency to achieve the capability target selected 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.	Core Capability: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Core Capability: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Core Capability: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Core Capability: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Core Capability: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Core Capability: Click here to enter text.
			Sustainment: Click here to enter text.
Click here to enter text.	Choose an item.	Choose an item.	Core Capability: Click here to enter text.
			Sustainment: Click here to enter text.

**Reporting and Communication**

II. Does the subrecipient submit quarterly reports in a timely manner, providing all required information and capturing project activities?

Yes  No

Click here to enter text.

III. Are there any issues/concerns that may impede the progress or implementation of the project within the period of performance?

Yes  No

Click here to enter text.

**Regionalization/Partnership**

IV. Describe which agencies will benefit or have already benefited from this/these project(s).

Click here to enter text.



## Community Engagement

**Whole Community is an approach to emergency management.** 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?

[Click here to enter text.](#)

VI. In what ways is outreach conducted with nonprofit organizations, faith-based communities, the private sector, functional needs populations, vulnerable populations, youth/children, etc.?

[Click here to enter text.](#)

## Planning

N/A

VII. What were the accomplishments/outcomes (i.e., strategies, emergency response exercise(s), communication plans, etc.)

[Click here to enter text.](#)

## Personnel

N/A

VIII. Are all grant-authorized positions filled? ***If not***, please provide an explanation.

[Click here to enter text.](#)

Yes  No

IX. Is a copy of personnel positions duties/responsibilities available?

Yes  No

X. How does the subrecipient ensure position goals and objectives are achieved (i.e., personnel performance appraisals)?

[Click here to enter text.](#)

## Operation Stonegarden

N/A

XI. What is the pre-coordination process with CBP/BP?

[Click here to enter text.](#)

XII. How are OPSG overtime deployments internally scheduled?

[Click here to enter text.](#)

XIII. What is the post-deployment approval process?

[Click here to enter text.](#)

**Overview:**

Review or inform subrecipient of any processes/procedures or upcoming events.

- 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:**

- No issues identified.
- 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.](#)
- The project was found to be non-compliant in the following areas:  
[Click here to enter text.](#)

I. Recommendation:

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

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

[Click here to enter text.](#)