



**Florida Department of Law Enforcement
Office of Criminal Justice Grants**

Post Office Box 1489 Tallahassee, Florida 32302-1489 (850) 617-1250 criminaljustice@fdle.state.fl.us

**Subgrant Desk Monitoring
Agency Questionnaire**

Edward Byrne Memorial Justice Assistance Grant
(Byrne/JAG)

Agency: _____

Grant Number(s): _____

FDLE Grant Manager: _____

Understanding the Monitoring Process

FDLE's Office of Criminal Justice Grants (OCJG) monitors all subawards through either desk review or site visit. Monitoring occurs annually, or as required, based on project activities, programmatic and financial reports, or potential risk. Monitoring is the process by which OCJG verifies the subgrantee is operating the program as agreed, completing activities/objectives, and following appropriate state and federal requirements.

Obtaining and reviewing supporting documentation for program activities and expenditures is a requirement of monitoring. Documentation may include any hard copy or electronic documents, such as invoices, policies and procedures, logs, timesheets, etc., which provide evidence that a claimed activity or expenditure occurred. Each question will identify whether documentation is required. Any documentation collected will be included in the OCJG grant file.

Instructions for Completing Monitoring Packet

Subgrantees must complete and return this packet with all requested documentation within 14 days of receipt.

Once completed, a report of compliance, findings, and/or required corrective action(s) will be forwarded to the subgrant Chief Official and Project Director designated on the the subaward.

Please note that this form may be completed electronically. For questions requiring an explanation, use your mouse to click into the text box provided and enter the necessary information. As you type, the text size will adjust as needed to accommodate the length of the response.

If you have any questions regarding this monitoring, the instructions for completing this packet, or other general grant-related topics, please contact your grant manager or the JAG unit supervisor at (850) 617-1250. Please complete, sign, and return this packet with supporting documentation to the Florida Department of Law Enforcement, Office of Criminal Justice Grants, Post Office Box 1489, Tallahassee, Florida 32302.

*******FOR FDLE GRANTS OFFICE USE ONLY*******

Date OCJG received packet from subgrantee:

Is the agency current on all performance and financial reports in SIMON? YES NO

Amount Awarded and Current Balance of Funds \$ _____ \$ _____

Description of supporting documentation obtained. Note whether documentation provided for expenditures reflects items approved on the budget, items reimbursed on the Project Expenditure Reports (PER), and invoices dated in accordance with the agreement. Attach additional pages, as needed. Also indicate whether procurement policies/procedures are in accordance with federal standards and if a contract review form is completed and on file for any subcontract agreements.

REVIEWER: _____ DATE: _____

ADMINISTRATION

- 1) Is a complete grant file maintained with the original agreement, copies of all financial and performance reports, applicable certifications and supporting documentation? YES NO
- 2) Is all the contact and official information currently listed in SIMON correct for this grant? YES NO
- 3) Have all grant and project staff read, and become familiar with, the subgrant Standard Conditions and how they apply to this award? YES NO
- 4) Are all grant and project staff aware the agency must also comply with requirements that are incorporated by reference in the Standard Conditions (Safe Streets Act, FAC, Uniform Requirements, OJP Financial Guide, etc.) YES NO
- 5) Have all appropriate project and financial staff read the OJP Financial Guide?
http://ojp.gov/financialguide/DOJ/pdfs/2015_DOJ_FinancialGuide.pdf YES NO
- 6) Are grant staff familiar with the following requirements:
 - a) Only project costs incurred (obligated/encumbered) on or after the start date of the grant are eligible for reimbursement? YES NO
 - b) An invoice must be paid prior to expenditure being reported? YES NO
 - c) All payments must be completed within 30 days of the end of the grant period? YES NO
 - d) The Financial Closeout must be completed within 45 days of the end of the grant period? YES NO
- 7) Are grant, project, and financial staff familiar with the following grant adjustment requirements:
 - a) All requests for changes must be submitted in SIMON no later than 30 days prior to closing date? YES NO
 - b) No changes or extensions can be made after the expiration date of the grant? YES NO
- 8) Are grant and project staff familiar with the requirement that performance reports must be submitted within 15 days of the end of the reporting period? YES NO
- 9) Is your agency aware of the requirement and deadlines to submit Single Audit reports to the Federal Audit Clearinghouse (FAC) beginning with audit reports containing FY15 federal funding? YES NO
- 10) Has the most recent single audit report been submitted to FDLE's Office of Criminal Justice Grants (OCJG) as required? (for the previous fiscal year) YES NO
If no, is there an exemption form on file? YES NO N/A
If yes, please attach a copy of any findings and the status of corrective action plans.

CIVIL RIGHTS

All recipients and subgrantee's of Byrne/JAG funds must comply with the nondiscrimination provisions of the Omnibus Crime Control and Safe Streets Act of 1968 (Safe Streets Act) and its regulations. The following questions are asked and documentation requested for FDLE to determine each subgrantee's compliance with these requirements.

- 11) Is the agency required to prepare an Equal Employment Opportunity Plan (EEOP) in accordance with federal requirements? **If yes**, provide a copy of the letter from DOJ Office of Civil Rights (OCR) approving the Plan. YES NO N/A
 - a) **If no, and exempt**, has the agency submitted a certification form to OCR via the online EEO Reporting Tool (<https://ojp.gov/about/ocr/eeop.htm>) claiming complete exemption from EEOP requirements? YES NO N/A
 - b) If the agency submitted certification to OCR claiming partial exemption from EEOP requirements, has an EEOP Short Form been prepared and submitted to OCJG? **If yes**, provide a copy of the short form. YES NO N/A

- 12) How does the agency notify both employees and program participants or beneficiaries that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, or age in the delivery of services? Use the text box below to explain:
- 13) Does the agency have written policies/procedures for notifying individuals about how to file complaints alleging discrimination? **If yes**, provide a copy of the policy/procedure. YES NO N/A
- 14) In the last three years, has the agency 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? YES NO
If yes, have the findings and/or corrective action plans been submitted to OCR? YES NO N/A
- 15) Does the agency conduct any training for employees on federal civil rights requirements? YES NO
- 16) Does the agency have a written policy on providing language access services to Limited English Proficiency (LEP) persons? **If yes**, provide copy of the policy. YES NO N/A
- 17) What steps has the agency taken to provide LEP accommodations? Use the text box below to explain:
- 18) Does the subrecipient have more than 50 employees and receive **a single** award of \$25,000 or more in DOJ funding? **If yes**, have they taken the following actions: YES NO
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? YES NO N/A
b) Designated a person to coordinate compliance with these DOJ regulations? YES NO N/A
c) Notified participants, beneficiaries, employees, applicants, and others that the agency does not discriminate on the basis of disability? YES NO N/A
- 19) Does the agency operate an education program or activity? **If yes**, has it taken the following actions: YES NO
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? YES NO N/A
b) Designated a person to coordinate compliance with the prohibitions against sex discrimination? YES NO N/A
c) Notified applicants for admission and employment, employees, students, parents, and others that it does not discriminate on the basis of sex in your educational programs or activities? YES NO N/A
- 20) Does your agency utilize the Florida Law Enforcement Basic Abilities Test (LE BAT) score to help rank order or otherwise select among candidates for any law enforcement officer position? YES NO
If yes, use the box below to explain how the LE BAT is used in the selection process:
- 21) Does the agency conduct any religious activities as part of the program or services? YES NO
If yes, does it:
a) Provide services to everyone regardless of religion or religious belief? YES NO N/A
b) Include activities such as prayer or religious teachings with these services? YES NO N/A
c) Make participation in religious activities voluntary for participants of the grant program? YES NO N/A

GENERAL COMPLIANCE

- 22) How long are grant files and associated records of grant purchases and activities retained? _____
- 23) Does the agency verify that each vendor/provider paid from the grant is neither suspended nor barred from receiving federal funds? YES NO
- 24) Is the agency paying for travel costs with this subaward? YES NO
If yes, does the agency have a written travel policy? Please provide a copy of the policy. YES NO N/A
If no, and the grant is paying for travel expenses, use the box below to describe how travel costs and rates for reimbursement are determined.
- 25) Does the grant support activities related to mentoring, or crime prevention classes/training? **If yes**, YES NO
a) Are records available that clearly show who attended training, received services, etc.? YES NO N/A
b) Are copies of curriculum available for review? YES NO N/A
c) Use the text box below to describe how training determinations are made.

PERFORMANCE

- 26) Is the project progressing as scheduled, i.e., are all activities in the Scope of Work being accomplished, are items being ordered and received? YES NO
If no, use the text box below to describe the status and reasons for delay.
- 27) In the text box below, describe the location where grant activities are occurring.
- 28) Have the metrics for Use of Force training been submitted to the Office of Criminal Justice Grants as required by the Department of Justice for this award? YES NO N/A
(Law enforcement agencies only)
- 29) Does your agency have any noteworthy accomplishments, success stories, or program results to showcase? **If yes**, please attach a brief summary. YES NO
- 30) Does your agency conduct any program evaluations, analysis, or review of impacts or outcomes on criminal justice and the community? **If yes**, please provide a copy of these reports. YES NO

FINANCIAL MANAGEMENT AND PROCUREMENT

The following questions will be used to determine the agency's compliance with state and federal requirements for managing federal funds, including accounting systems and internal controls. Please submit a copy of the agency's general ledger or financial records that document how funds are received, deposited, coded, tracked, etc., as well as original supporting documentation for grant expenditures.

Supporting documentation may include procurement records, purchase orders, invoices, canceled checks, payroll records, training records, sign-in sheets, etc. This review will verify whether the agency has written purchasing policies/procedures that adhere to the federal standards in 2 CFR 200, and they were followed for all grant expenditures.

- 31) At the time of application, did the agency review proposed grant expenditures and line items to assure supplanting would not occur and that local/state funds were not already allocated for the same items or purpose? YES NO
- 32) Is this project, or any portion of the grant activities, funded from another source such as general revenue, forfeitures, etc? **If yes**, use the box below to describe the source. YES NO
- 33) Are other agencies receiving funds under this grant? **If yes**, use the box below to list the agencies. YES NO
- 34) In the box below, explain how the agency's accounting system tracks and reports federal grant funds. Also, explain how federal funds are tracked separately from general revenue.
- 35) Will all grant funds be expended prior to the expiration date of the grant? YES NO
- 36) Are grant expenditures based on unit costs?
If yes, provide documentation to support the basis of each unit cost determination. YES NO
- 37) Use the box below to describe the procurement method used for each purchase or item(s).
- 38) Does the agency have written purchasing/procurement procedures?
If yes, provide a copy of each policy/procedure that applies to the grant. YES NO
- 39) Were any items or services procured through sole source?
If yes, was a sole source justification form submitted to the FDLE grant manager? YES NO YES NO N/A

PROJECT GENERATED INCOME (PGI)

The following questions are asked to determine whether grant funds are being used to fund, in whole or in part, any project or program that generates income for the agency. This can be in the form of asset seizures/forfeitures, service charges, client fees or reimbursements for drug testing, specialty court programs, etc. Please note that the distinction for PGI is not based on whether grant-funded items or personnel earned income, but on whether the project or program the grant is wholly or partially funding earned income.

- 40) Are grant funds used for any project or program in which the agency charges a fee, obtains revenue or generates income? YES NO
- 41) Is there a PGI budget approved in SIMON to report and account for program income? YES NO N/A
- 42) Is the same accounting system and controls in place to track and manage receipt and expenditure of PGI funds, as described in the previous section? YES NO N/A
- 43) Is project income deposited into an interest bearing account? YES NO N/A

OPERATING CAPITAL OUTLAY (OCO) / EXPENSES

- 44) Does the agency have a property management or inventory system? YES NO
If yes:
 a) Does this process include verification of grant funded items and continued need? YES NO N/A
 b) In the box at right, note how often inventory is conducted.
- 45) Were bulletproof vests purchased with this grant? YES NO
If yes:
 a) Does the agency have a mandatory wear policy in effect? **If yes**, provide a copy of the policy. YES NO N/A
 b) Do the vests meet NIJ standards for ballistic and stab standards? YES NO N/A
 c) Are the vests American made? YES NO N/A
- 46) Were any of the items purchased included on the DOJ Prohibited or Controlled Expenditures list? **If yes:** YES NO
 a) Was approval from BJA received prior to the request for reimbursement? YES NO N/A
 b) Does the agency have specific written protocols regarding the use of the controlled expenditure? Provide a copy of the policy. YES NO N/A
 c) Has the agency conducted training for all personnel who will utilized the controlled expenditure? Provide documentation of training. YES NO N/A
- 47) Does the agency assure that grant funded property is maintained and insured in compliance with federal requirements? YES NO
- 48) Were grant funds used to purchase body worn camera (BWC) equipment? **If yes:** YES NO
 a) Is a BWC policy in effect for the agency? **If yes**, provide a copy of the policy. YES NO N/A
 b) Does the BWC policy meet the suggested federal guidelines? YES NO N/A

SALARIES / BENEFITS

The following questions will be used to determine compliance with grant-funded personnel costs. These costs include salaries and fringe benefits for part-time and full-time equivalent (FTE) positions, as well as, overtime.

- 49) Is the grant paying full or partial salaries for any position that was established or maintained as a net personnel increase? *(Not applicable to overtime).* YES NO
If yes:
 a) Provide documentation substantiating the creation or continuation of the net personnel increase and the percentage of federal investment in the position, *and*
 b) Complete and attach the Personnel Tracking certification worksheet.
- 50) Is the grant paying full or partial costs of positions that would have otherwise been laid off if not for the availability of grant funds? *(Not applicable to overtime).* YES NO
If yes, provide documentation supporting the sustainment of personnel.
- 51) Are semi-annual payroll certifications completed for personnel who worked solely on this award? *(Not applicable to overtime).* YES NO N/A
- 52) Does the agency have employment agreements and/or position descriptions for each individual being paid from the grant? YES NO N/A
If yes, submit copies of each employment agreement and/or position description for each position paid from the grant.
- 53) Is a written compensation and pay plan for leave and fringe benefits in place? YES NO N/A
If yes, please submit a copy of the plan or pay policy.

- 54) If the grant is paying for overtime, does the agency have a written policy for overtime? YES NO N/A
If yes, please submit a copy of the overtime policy.
- 55) Are timesheets submitted and maintained for all personnel paid by the grant, including overtime? YES NO N/A

CONTRACTED SERVICES

The following questions will be used to determine compliance with post-award requirements involving contract provisions and expenditures related to consultants and contractors.

- 56) Were grant funds used to pay any contractor or consultant, or were any contractual agreements with vendors or service providers completed or executed for grant activities? **If yes**, provide a copy of each contract, subcontract or service agreement. YES NO
- 57) Does the contract or subcontract include all activities as outlined in the approved grant? YES NO N/A
- 58) Does the contracted agreement pass through all required provisions, including the subaward standard conditions? YES NO N/A

TREATMENT / SERVICE PROVIDERS

The following questions will be used to determine compliance with post-award service provider and treatment requirements including the licensing and documentation of services being paid with grant funds.

- 59) Do you have copies of the State of Florida licenses for each treatment facility and staff member? YES NO N/A
If yes, provide a copy of personnel roster(s) and licenses from the state licensing agency.
- 60) Do you have a copy of the most recent monitoring report for the treatment facility from the State of Florida licensing agency? YES NO N/A
If yes, does the monitoring report identify any areas of non-compliance or deficiency? Provide a copy of the full monitoring report from the licensing agency. YES NO N/A
- 61) Are provider files accurate and do they provide a clear audit trail of services provided to clients, including amounts/quantities invoiced to subgrantee, and submitted by subgrantee to FDLE? YES NO N/A
- 62) Is documentation maintained on each client to support their participation in the program? YES NO N/A
If yes, does the documentation show the services each client received in the program?
- 63) In the box below, describe how your agency determines who participates in the program or receives services.
- 64) Does the grant support activities related to mentoring or crime prevention classes/training? YES NO N/A
If yes, please answer the following:
- a) Do records clearly indicate who attended training, received services, etc.? YES NO N/A
 - b) Are copies of curriculum or training materials maintained in the grant file? YES NO N/A
 - c) In the box below, describe how decisions are made for who attends training?
- 65) Does the agency or providers conduct AA, NA, or other 12-step programs in any therapy or treatment services provided? YES NO
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

MULTIJURISDICTIONAL TASK FORCES (MJTF)

The following questions will be used to determine compliance with post-award requirements for projects using grant funds that involve multijurisdictional task forces.

- 66) Does the grant fund a portion of, or activities conducted for, a multijurisdictional task force? YES NO
If yes, have all task force members completed DOJ required training and maintained that training every four years, if applicable? Please provide a copy of each training certificate. YES NO N/A

CONFIDENTIAL FUNDS

The following questions will be used to determine compliance with post-award requirements for using grant funds for confidential funds.

- 67) Does the budget contain confidential informant expenses or investigative "buy" funds? YES NO
If yes, does the agency maintain documentation of each confidential funds related expenditure? YES NO N/A
- 68) In the box below, describe the process the agency uses to request reimbursement of confidential funds from OCJG. (For example: after funds have been provided to officers prior to distribution to informants, or after cash is provided to officers and expended in an investigation.)
- 69) In the box below, describe who within the agency reconciles and accounts for confidential funds.
- 70) Does the agency expend PGI for confidential funds? YES NO N/A
If yes, are grant and financial staff aware that PGI expenditures for confidential funds must meet the same requirements as other PGI expenditures? YES NO N/A
- 71) Do the agency financial records show separate accounting of confidential funds? YES NO N/A
- 72) Has the agency submitted a Confidential Funds Certificate to OCJG? YES NO N/A

METHAMPHETAMINE LABORATORIES

- 73) Does the agency use grant funds to conduct activities related to the identification, seizure or clean-up of clandestine methamphetamine laboratories? YES NO N/A
If yes, does the agency have a Methamphetamine Mitigation Plan (MMP) in place? YES NO N/A
If yes, does the MMP contain all nine required elements? YES NO N/A

CERTIFICATION

I certify the responses provided for this subaward are accurate and complete.

Signature _____

Date _____

Print Name _____