servemontana
GOVERNOR'S OFFICE OF COMMUNITY SERVICE

AmeriCorps Montana

Pre-Monitoring Tool – GOCS may use Monitoring Tool questions as appropriate in document review.

Subrecipient/Program Name					
Grant Number		**Year**		**Risk Level**	
Subrecipient Contact(s)					
Participating GOCS Staff					
Date of Tool Completion					

Information in GOCS files, NSCHC vendor reports, and eGrants	
Check if Reviewed	**Item (Note: Each item should already be on file. This chart is to ensure a review occurred and note any items to be requested or issues to be addressed in monitoring.)**
	Documentation of current liability insurance meeting subaward requirements
	Subaward agreement
	Current authorized signers list
	Completed Segregation of Duties sheet/Debarment check
	Current contact information (program, fiscal, leadership, HR if applicable) in Organizational Contacts spreadsheet U:/Organizational Contacts.
	Current indirect cost rate documentation - 2 CFR 200.332(a)(4) (if applicable)
	Single audit, if applicable
	GOCS Management decision (if applicable, after reviewing any single audit)
	eGrants member roster report
	eGrants enrollment rate report
	eGrants enrollment approval cycle time report
	eGrants exit approval cycle time report
	eGrants retention rate report
	MyAmeriCorps service opportunity listings (if applicable at time of review)
	Most recent progress report(s)
	Periodic expense reports and any backup documentation, noting below if subrecipient is NOT on track to fully expend the grant or to meet match requirements
	NSCHC vendor reports (accessed, not saved on file)
	Litmos training certificates as set forth in relevant terms and conditions
	Training records – GOCS trainings and directors' calls, ASC NST and/or Bootcamp (note any documentation of non-attendance at required trainings)
Notes to follow up on regarding any of the items above	

Item – Request from subrecipients ~ 8 weeks before any GOCS monitoring visits	**Notes (to follow up, strengths, suggestions)**
Timesheets, staff/member and time period randomly selected by GOCS) – minimum of two (2) per program, 10% if program is anticipated to have a site visit or desk review	
NSCHCs, staff/member randomly selected by GOCS (see tables below) – minimum of two (2) per program, 10 % if program is anticipated to have a site visit or desk review. GOCS will review the Truescreen monitoring account including	See NSCHC tables below.

identification documents, and the subrecipient will provide Member Service Agreement, first timesheet, and self-certification that documentation is on file, including NSCHC authorization, vendor printouts, and any memos or other documentation of non-vendor NSCHCs or subrecipient actions in response to a "review" result	
Simple log (see tables below)	See NSCHC tables below.
One (1) fiscal document with backup documentation to be specified by GOCS each year	
Member file(s), randomly selected by GOCS. One member file will be selected if program is not anticipated to receive a site visit or desk review, or 10% of files will be selected if a site visit or desk review is anticipated. A member file includes, at minimum, the member's application to serve, member service agreement, W-4, documentation of accepting or waiving healthcare and child care benefits, performance review(s), documentation of any change in the member's status or term, documentation of any discipline, documentation of any special circumstances such as reasonable accommodation or release for compelling personal circumstances, and all of the member's timesheets.	
Any policy, procedure, or handbook that has substantively changed, changes indicated	
Other documents requested due to nationwide high-risk areas (not individually assessed)	

NSCHC 1 – spelling, adjudication, timing. Write Yes, No, or NA in each box.				
Applicant Name:	**eGrants Roster**	**Simple Log**	**Vendor Report**	**Member service agreement and first timesheet**
Name spelled correctly, as in ID?				
Documented as adjudicated?	N/A			N/A
Adjudication date(s) prior to member start date?	N/A			N/A
Notes				

NSCHC 2 – spelling, adjudication, timing. Write Yes, No, or NA in each box.				
Applicant Name:	**eGrants Roster**	**Simple Log**	**Vendor Report**	**Member service agreement**

				and first timesheet
Name spelled correctly, as in ID?				
Documented as adjudicated?	N/A			N/A
Adjudication date(s) prior to member start date?	N/A			N/A
Notes				

Program-Specific Sampling – Individualized Risk					
Check if reviewing during pre-monitoring.					
Items - Policies, procedures, and relevant forms					
	Civil Rights		Member exit		Records retention
	Conflict of Interest		Member living allowance		Release for Compelling Personal Circumstances
	Data Collection & Quality		Member training		Service site selection and support
	*Fiscal management		Non-discrimination		Supervisor training
	Grievance		NSCHC		Suspension of Service
	Housing allowance		Personal Identifying Information		Teleservice
	In-kind match		Procurement		Termination of Service
	Internal controls		Program Income		Timekeeping
	Member discipline		Prohibited Activities		Whistleblower
	Member enrollment		Reasonable Accommodation		Other:
*Fiscal policies/procedures should address: resolving audit findings, delegation of authority, approval/ documentation of expenditures, cash management/check issuance, check processing, cost allocation, bank reconciliation, travel, financial reporting, payroll, timekeeping for grant-covered staff, match requirements, property management, self-monitoring of source documentation and financial records, and budget-to-actual comparisons.					
Items - Fiscal Records					
	Bank statement(s)		In-kind match documentation		Program income documentation
	Chart of accounts		Inventory list of equipment		Staff payroll systems information
	Cost allocation plan		Living allowance backup documentation		Travel vouchers/backup documents
	General ledger:		Other:		Other:
Items – Other Materials (GOCS to communicate with subrecipient re details of request)					

	Data-related materials		Member handbook		Supervisor handbook
	Evaluation (plan) materials		Member training (plans, agendas, handouts, sign-ins)		Supervisor training (plans, agendas, handouts, sign-ins)
	Service location MOUs		NSCHCs (if >2, request at least 10%)		Timesheets (if >2, request at least 10%)
	Labor union concurrence(s)		Progress report documentation		Tracker of member hours
	Member file (if >1, request at least 10%,)		Recruitment materials		Training materials (agendas, sign-ins, slides):

GOCS Preliminary Observations (Write 1-2 sentences for each)
What areas were identified in the risk assessment or during pre-monitoring as indicating risk (e.g., enrollment, fiscal)? Apply this in determining which sections of monitoring tool to use below during any follow-up or as preparation for a site visit or desk review.
On the program website, any materials sent to GOCS by the program, member service gear, and other publicly available materials, is this program using appropriate AmeriCorps Montana branding? If no, give examples to follow up on and request other relevant documents (MOUs, position descriptions) to ensure compliance with AC Gen T&Cs and 45 CFR 2522.100 (e.g., acknowledgment and disclaimer, unaltered logo).
Programmatic summary of items to follow up on (items from check-ins, third party comments/feedback about program to GOCS, progress reports, other programming-related issues)
Fiscal summary of items to follow up on (PERs, any fiscal issues staff is aware of), including any questions about whether (1) the subrecipient's accounting system tracks grant/funding sources with separate codes, and (2) the subrecipient adequately ensures that AmeriCorps members are excluded from unemployment insurance contributions
Program strengths and other areas to address during site visit or desk audit

Monitoring Tool Subsections (check in left column if using these questions in this monitoring cycle)			
	#	**Subsection Title**	**Notes (tie to risk assessment or pre-monitoring, other reasons for review, addressed in other process if not asking here, etc.)**
	I.A	Organization and Program Capacity	
	I.B	Drug Free Workplace Act of 1988	
	I.C	Organization Nondiscrimination	

	I.D	Reasonable Accommodation	
	I.E	Non-supplantation, Non-duplication, & Non-displacement	
	I.F	Member Recruitment and Enrollment	
	I.G	Member Service Agreement	
	I.H	Grievance Procedure – General	
	I.I	Service Location Performance	
	I.J	In Service & Site Supervisors	
	I.K	Member Service Hours	
	I.L	Member Training & Documentation	
	I.M	Performance Data & Evaluation	
	I.N	Member Exit	
	I.O	Access to Records	
	I.P	Health and Childcare Benefits	
	I.Q	NSCHC	
	I.R	Vendor Checks	
	I.S	Non-Vendor Checks	
	II.A	Accounting System & Management	
	II.B	Indirect Costs	
	II.C	Internal Controls	
	II.D	Fixed Award Only	
	III.A	Fiscal Sampling (line-item only)	
	III.B	Staff Timesheet Review	
	III.C	Travel Vouchers	
	IV	Member File Review Sheet (if reviewing more than one file)	
	V	AmeriCorps Member Interview	
	VI	AmeriCorps Site Supervisor Interview	

Pre-Monitoring Communications
Once pre-monitoring is complete, email each program that the submitted materials have been reviewed, the factors affecting the program's assessed risk have/have not changed, and: • No further action is needed; • [Specified topics] will be addressed during [onsite visit/desk review] on [date or TBD] and additional documents and information will be requested as appropriate; • While no onsite visit or desk review will occur, GOCS requests additional documentation and information for further review and ongoing oversight; and/or • Any other appropriate action in light of the assessed risk and situation.