Program Name:				**Review Name:**
Legal Name:				**Review Date:**
Contract Number:	**Contract Amount: $**			**Grant Year/Budget Period:**
Degree of Compliance	**Evaluation of Program Compliance (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (Case File Review, Observation, eGrants, OnCorps)**	
AMERICORPS PROGRAM MANAGEMENT				
A. Program Organization and Administration	**Evaluation of Program Compliance (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (Case File Review, Observation, eGrants, OnCorps)**	**Comments**
1. Program Mission Statement is known by staff and members.				
2. Program staff can articulate how program activities align with mission.				
3. Legal grantee (sponsoring organization) has policies that validate the engagement of volunteers in performing service.				
4. Program accomplishments, impact, size (ACMs and community volunteers) are reported to the legal sponsor's governing body, senior managers, and stakeholders.				
5. Policies and procedures specific to program are documented, compiled, and accessible to all parties in hard copy or electronically. Examples: access to member records, authorized signatures on member timesheets, or internal spokesperson.				
5.a. Program safeguards that ensure safety of members and avoid project activities that poses undue safety risks for Members are articulated AND used in assessing service assignments. (Provisions V.E.)				
5.b. Documentation supervision of Members occurs by staff with this responsibility. (Provisions IV.D.3)				
5.c. Travel Reimbursement policies describe reimbursable expenses, limits, requirements, rates, documentation, etc. for both staff and members. Any distinction in reimbursements has a justification that is not solely about cost.				
5.d. Program policy on Member sick leave, vacation leave, and holiday leave as well as procedures for requesting or obtaining leave are documented and provided to members.				
6. Agency or program record retention policy complies: records must be retained for three years from starts on the day the grantee submits its final expenditure report. Records covered are those created starting on the first day of the first budget period. (45CFR 2543.53)				
7. (If applicable) Electronic storage of member records uses procedures and a system that provide for the safe-keeping and security of the records, including prevention of unauthorized alterations or erasures of records; effective security measures to ensure that only authorized persons have access to records; adequate measures designed to prevent physical damage to records; and routine back-up and recovery of records. Where there is a requirement for a signature on a record, electronically stored records must include an image of the original signature. (Provisions IV.H.)				
7a. The electronic storage procedures and system provide for the easy retrieval of records in a timely fashion, including storage of the records in a physically accessible location; clear and accurate labeling of all records; and storage of the records in a usable, readable format. (Provisions IV.H.)				
8. There is a written policy/procedure by which a member who submits a written request for access to review records that pertain to the member and were created pursuant to this grant.				

9. The program has requested prior approvals from Federal awarding agencies for one or more of the following program or budget related issues: **change in the scope or the objective of the project or program even if there is no associated budget revision; **change in a key person specified in the application or award document; **absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director; **transfer of funds allotted for training allowances (direct payment to trainees) to other categories of expense; **unless described in the application and the approved award, the transfer or contracting out of any work under an award (does not apply to the purchase of supplies, material, equipment or general support services); **substantial changes in the level of participant supervision. (45 CFR 2543.25 and Provisions IV.I.1)				
10. There is a procedure for ensuring and evidence the program complies with the no duplication requirement. No duplication: assistance may not be used to duplicate an activity that is already available in the locality of a program. A program will not help a private nonprofit entity to conduct activities that are the same or substantially equivalent to activities provided by a State or local government agency in which such entity resides. (45 CFR 2540.100 e)				
11. There is a procedure for ensuring and evidence the program complies with the no displacement requirement. No displacement: **An employer may not displace an employee or position, including partial displacement such as reduction in hours, wages, or employment benefits, by assigning an ACM to the duties; **an organization may not displace a volunteer by using an ACM; **an ACM may not perform any services or duties or engage in activities that would otherwise be performed by an employee as part of the assigned duties of such employee. This includes not only current employees but also one who has resigned, been discharged, is on leave, RIF'd, on strike or locked out. (45CFR 2540.100 f)				
12. If the program sponsor or partner sites have unionized members, there is evidence the program has obtained the written concurrence of any local labor organization representing employees who are engaged in the same or substantially similar work as that proposed to be carried out by ACMs (45CFR 2522.100.c)				
13. The program notifies members, community beneficiaries, applicants, program staff, and the public, including those with impaired vision or hearing, that it operates subject to the non-discrimination requirements of the applicable statutes. The notice summarizes the requirements, notes the availability of compliance information from the program and the Corporation, and briefly explains procedures for filing discrimination complaints with the Corporation. (Provisions V.F.1)				
14. Program has notified site supervisors of AmeriCorps and Commission training opportunities.				
15. Program has included disaster preparedness training in Member training schedule and ensured completion of the courses.				
16. Program staff and ACMs have participated in required statewide activities (see contract).				
17. ACMs complete required Member Exit Survey. (Rate of completion in last program year: _____% of all members)				
18. (CQI) Evidence of system for collecting regular community feedback that monitors essentials: quality of service, satisfaction of service recipients, management effectiveness.				
19. (CQI) Evidence feedback is analyzed and is used to correct weaknesses quickly				
20. The program has a process continually assessing community needs				
21. The program consults the community on program design, implementation, and future plans.				

22. Evide[illegible]f development of advisory committee/board comprised of partners, service beneficiaries, other stakeholders; group guides implementation of program (45 CFR 2522.100(b))				
a. definition of role on file (45 CFR 2522.430.i.i)				
b. list of members on file				
c. meeting minutes/notes/agendas on file				
23. Position slot conversions -- (Original MSYs in award:_____; MSYs now:_____ # slot conversion requests:_____)				Comments
a. are approved by the Commission prior to taking place				
b. the request for approval demonstrates how the slot conversion will increase the program's ability to accomplish the outcomes stated in performance measures and is not evidence of inadequate program management.				
c. the slot conversions do not increase the total MSYs authorized in the grant AND do not increase the amount of education award in the original grant. (Provisions IV.E.4)				
24. Changing terms of service -- changes in service terms of service occur only after approval received from MCCS.				
24.a. Changes in terms of service comply with CNCS policy as stated in FAQ D.5; Provisions E.3.				
24.5. No slots designated as refill are filled until all other slots are enrolled. No slots may be refilled more than once. (FAQ D.5; Provisions E.3)				
B. Performance Measures (CFR 2522.560 - 2522.650)	**Evaluation of Program Compliance (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (Case File Review, Observation, eGrants, OnCorps)**	**Comments**
1. Performance measures used at the program level match those approved in the grant award.				
2. The program has a system that collects and organizes performance data on an ongoing basis.				
3. The performance data is analyzed regularly and tracks progress toward meeting performance measures.				
4. The results or findings of program data collected/analyzed is accurately and fairly presented in reports to the funder.				
5. At a minimum, the program reports on outputs during year one and outputs plus intermediate outcomes during years two and three.				
6. If appropriate, the program has a written corrective action plan that addresses failure to meet performance targets. (2522.630)				
7. At time of monitoring visit, performance measurement reports show progress toward targets that indicate targets will be met on time.				
7. Have performance measures been changed since original Grant award? When/Who approved changes?				
C. Program Evaluation	**Evaluation of Program Compliance (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (Case File Review, Observation, eGrants, OnCorps)**	**Comments**
1. The program is conducting an evaluation that is distinct from performance measurement or continuous improvement assessments.				
2. The evaluation is consistent with the plan described in the program application and includes any elements required by the Commission.				
3. Evaluation is progressing on a time schedule that will yield a report at the end of the grant period.				

D. Subcontracts	**Evaluation of Program Compliance (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (Case File Review, Observation, eGrants, OnCorps)**	**Comments**
1. Written policy for subcontracting on file (45 CFR 2543.5)				
2. Evidence of subcontractors meeting contractual agreements				
3. Subcontracts executed under this grant were described in the application and authorized in the grant award.				
4. Payments to contractors are within the limit established by CNCS (daily rate).				

E. Service Site Agreements (CFR 2522.475)	**Evaluation of Program Compliance (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (Case File Review, Observation, eGrants, OnCorps)**	**Comments**
1. Written policy and procedure for selecting partner service sites.				
1.a. Sites that will host ACMs as partners sites are identified by the start of the budget period and have been partner sites for 3 years or less.				
1.b. The policy/procedure assesses **the quality of the service assignment/project proposed, **its innovativeness or replicability, **its alignment with the program purpose and performance measures, **the quality of the local leadership, **the adequacy of supervision, qualifications of local supervisor, **likely sustainability of the service accomplishments, **involvement of local residents in project design and implementation, and **its impact on a distressed community. (45CFR 2522.475; Provisions IV.D.3)				
2. Project site agreements are on file, signed by authorized grantee and site staff, describe the service activity and duration (start/end date), list the resources each party will commit, outline supervision plan for ACMs, document commitment of site to provide performance measurement data, describe the purpose and limitations of AmeriCorps including sup plantation and nondisplacment rules, and other information the program may require.				
3. Description of member supervision at local site and verification it is from qualified individual(s)				
4. Evidence that all but incidental service activities were related to the proposed and accepted project, contributed to the performance targets of the grant in measureable ways, involved local residents, and will be sustained after the ACMs service term is completed.				
5. Evidence service sites to which AmeriCorps members are assigned received orientation to AmeriCorps, their responsibilities, program purpose, performance measures, supervision requirements, expectations for support and training of members, prohibited activities, nondisplacement and supplantation regulations, as well as other program details.				
6.Evidence site supervisors absent from initial training are subsequently oriented.				
7. Documentation of program's monitoring of sites for compliance with AmeriCorps regulations, adherence to site agreement, need for technical assistance or training related to service work, and supervision/support of ACM.				
8. Every member is assigned to a service location in the Portal.				
9. Data in Portal about service locations is complete with name of organization, complete address, site contact name, and site contact's email.				

F. Assurances and Certifications signed/on file & Program Award (Grant, Contract or Cooperative Agreement)	Evaluation of Program Compliance (Total, Partial, None)	Compliant (Yes, No, N/A)	Review Indicator (Case File Review, Observation, eGrants, OnCorps)	Comments

1. Copies of the federal grant assurances and certifications are on file and show which official signed them.				
2. All staff with program responsibilities were oriented to the requirements of the award including but not limited to purpose of AmeriCorps and status of ACMs, performance measures, program regulations, grant provisions/terms/conditions, prohibited activities, program purpose and allowable activities.				
3. Evidence relevant AmeriCorps regulations, policies (called FAQs by CNCS), and Grant Provisions provided to Program Staff				
4. Evidence relevant AmeriCorps regulations, policies (called FAQs by CNCS), and Grant Provisions provided to Fiscal Staff				
G. Program Staff (Director, Crew Leaders, Fiscal Staff, and Other)	**Evaluation of Program Compliance (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (Case File Review, Observation, eGrants, OnCorps)**	**Comments**
1. Job descriptions exist for each staff position (List responsibilities, qualifications, supervisor)				
2. Evidence of compliance with EEO (CNCS V.F & VI)				
3. Program has a written policy on conducting background checks of staff funded in whole or in part or as match (including reference checks) and a written procedure for implementing the policy.				
3.a. Program policy/procedure identifies which staff will have recurring access to vulnerable populations and, therefore, will be subject to FBI fingerprint checks in addition to State Criminal Registry check.				
4. Policy and procedures include these required elements: **a) verification of individual's identity by examining the individual's government-issued photo identification card;				
**b) prior, written authorization from the applicant for the State criminal registry check and the appropriate sharing of the results of that check within the program;				
**c) documentation of the individual's understanding that hiring is contingent upon the organization's review of the individual's criminal history, if any;				
**d) description of steps the individual may take to review and challenge the factual accuracy of a result before action is taken to exclude the individual from the position;				
**e) description of safeguards that ensure the confidentiality of any information relating to the criminal history check, consistent with authorization provided by the applicant;				
**f) description of program procedures for ensuring a person whose criminal history check is pending does not have access to children, persons age 60 and older, or individuals with disabilities without being accompanied by an authorized program representative who has previously been cleared for such access.				
6. Written evidence the applicant's identity was verified according to policy.				
7. Results of State Criminal registry check are on file and written documentation of how the results were considered in the selection process.				
7.a. Results of FBI fingerprint check are on file (if required)				
8. National Sex Offender Public Website check conducted				
9. If Alternative Search Protocol used, evidence ASP request approved by CNCS (attach copy of approval to monitoring tool)				

9.a. If ASP[illegible]roved, evidence it was followed and results considered in selection of staff.				
10. Staff time and attendance records exist for each staff position; 100% of time accounted for				
11. Staff time records and payroll records show distribution between grant and other organization functions				
12. Evidence staff time spent fundraising not charged to grant; no part of development officer or fund-raising staff charged to federal portion of grant. (CFR 2520.65)				
13. Staff informed of drug free workplace policy and participated in awareness program (45 CFR 2545)				
14. Evidence staff informed of Sexual Harassment Policy (CNCS Provisions IV.F)				
15. Adequate liability coverage for Program and Staff (CNCS Provisions IV.F.3.a)				
16. Evidence staff are trained and qualified to carry out the program activities; their assigned duties;				
H. Progress and Performance Reporting	**Evaluation of Program Compliance**	**Compliant (Yes, No, N/A)**	**Review Indicator (Case File Review,**	
1st Quarter -- DUE: _____ RECEIVED: _____ EXTENSION GIVEN? __Y ___N				
2nd Quarter -- DUE: _____ RECEIVED: _____ EXTENSION GIVEN? __Y ___N				
3rd Quarter -- DUE: _____ RECEIVED: _____ EXTENSION GIVEN? __Y ___N				
4th Quarter -- DUE: _____ RECEIVED: _____ EXTENSION GIVEN? __Y ___N				
1. Quarterly Reports on Grant Progress are submitted on time - (CNCS Provisions IV.I.2)				
2. Data in report system about quarterly progress on Grant Performance Measures is supported by on-site data records.				
3. Evidence of volunteer administration/management system with data to support reported numbers/hours of non-AmeriCorps volunteers.				
I. Program Inclusion And Accessibility	**Evaluation of Program Compliance**	**Compliant (Yes, No, N/A)**	**Review Indicator (Case File Review,**	**Comments**
1. Documentation of the program's outreach strategy includes recruitment and retention of individuals with disabilities				
2. Recruitment materials include a nondiscrimination statement and/or statement encouraging individuals with disabilities to apply				
3. The program has a written policy concerning discrimination on the basis of physical or mental disabilities, which is clearly communicated throughout the year in member orientation and trainings				
4. The program formally and periodically tracks whether member with disabilities are satisfied with the level of support they receive while serving in AmeriCorps				
5. Program officials can document they have considered applications from a diverse group of individuals, including persons with disabilities				
6. Program recruitment materials are available in alternative formats				
7. Service sites are accessible to members, regardless of disability statues in accordance with essential functions of the member service position description				
8. At the beginning of their terms of service members are informed orally and in writing that they may request reasonable accommodations.				
9. A written reasonable accommodations policy has been developed				
10. Member trainings, staff meetings and other gatherings occur in accessible locations				
11. Members receive training on interacting with individuals (particularly service recipients) who have disabilities				

J. National & State Identity	Evaluation of Program Compliance (Total, Partial, None)	Compliant (Yes, No, N/A)	Review Indicator (Case File Review, Observation, eGrants, OnCorps)	Comments
2. Correct Use of AmeriCorps name, logo, etc. (45 CFR 2522.10.n)				
3.Evidence AC gear is provided members and is appropriate to service assignment.				
4.Evidence program identifies service as AmeriCorps at host and program sites				
5. Evidence program creates community awareness of AmeriCorps presence in public information activities				
6. Funding source attribution included on public materials in form contract specifies				
7. Use of the phrase "The AmeriCorps National Service Network" or "An AmeriCorps Program and use of slogan "Getting Things Done" on materials				
8. Acknowledgement of support from the Maine Commission for Community Service on publications and news releases.				
Outstanding Issues (space for reviewer notes)				

Monitoring Evaluation:

Rating Key:

N/A- Not accplicable

Exceptional/Exceeds Requirements - Sub-grantee meets and exceeds all stated criteria by providing exemplary project approaches or obtaining exemplary outcomes.
Acceptable/Fully meets Requirements - Sub-grantee meets all stated criteria.

Conditionally Acceptable - Sub-grantee has partially, but not fully met all stated criteria.

Unacceptable - Sub-grantee has not met stated criteria.

Virginia AmeriCorps 2015-16 Fiscal Review

Program Name:				Review Name:
Legal Name:				Review Date:
Contract Number:	Contract Amount:			Grant Year/Budget Period:
Degree of Compliance	Evaluation of Program Compliance (Total, Partial, None)	Compliant (Yes, No, N/A)	Review Indicator (A133/UG, AFR, PERs, Budget, OnCorps)	
AMERICORPS FISCAL MANAGEMENT (45 CFR 2541 or 2543)				
A. Financial Management/Grant Admin System	**Evaluation of Program Compliance (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (A133/UG, AFR, PERs, Budget, OnCorps)**	**Comments**
1. Evidence the fiscal agent for AmeriCorps has a financial management system for the award that segregates the award's direct expenditures and income:. (if not, explain) (45 CFR 2541.C or 2543.C)				
a. From other agency activity				
b. According to grant budget category				
c. By federal vs. nonfederal sources of support/funds				
d. By cash match vs. in-kind match support				
e. By contract year				
2. Evidence of documented policies/procedures that address: (45 CFR 2541.200 or 2543.200)				
a. Internal control of grant funds and cash				
b. Administration and accounting of grant funds				
c. Preparing reports of grant expenditures and income				
d. Preparing requests for reimbursement of grant expenditures by Commission.				
3. Federal/non-federal matching fund accounts maintained separately (If no, explain) (45 CFR 2541.240 or 2531.35-2521.90)				
4. There is original source documentation for all AmeriCorps transactions, including: (45 CFR 2541.200.b or 2543.22.2)				
a. Grant funded expenditures				
b. Expenditures of match (cash and in-kind)				
5. Invoices/vouchers signed and payments indicated? (If no, explain)				
6. Individuals authorized to sign checks are not the same individuals who prepare checks for signatures.				
7. Are the agency's bank statements reconciled on a monthly basis by someone other than the fiscal agent? (If not, explain)				

Degree of Compliance	Evaluation of Program Compliance (Total, Partial, None)	Compliant (Yes, No, N/A)	Review Indicator (A133/UG, AFR, PERs, Budget, OnCorps)	
8. Evidence no costs were incurred prior to the grant award unless authorized. (45 CFR 2543.28)				
9. Donations of non-federal cash funds received and expended under this grant are clearly documented and reported (45 CFR 2541.240 or 2543)				
10. Clear documentation of in-kind donations for match that includes value and use; documentation is accurately reflected in agency financial mgt system reports. (45 CFR 2541.240.2 or 2543.23)				
11. Evidence the grantee match is met. (CNCS Provisions IV.I.2)				
12. Evidence match funds are not included as contributions for another federally assisted program. (45 CFR 2541.240.b)				
13. Evidence match funds were committed by partners or other sources within first quarter of grant.				
14.Evidence that CNCS grant funds are used on eligible program costs. (If no, explain.) (45 CFR 2541.220 or 2543.23)				
15. Evidence in-kind match is valued at a fair, local market rate. (45 CFR 240 or 2543.23)				
16. Evidence that indirect costs are not charged to the grant as direct costs.(45 CFR 2541.240 or 2543.23, Provisions V.B)				
17. Evidence of a system to tie time of personnel and corresponding payroll records to the AmeriCorps grant.				
18. Evidence of system to ensure time attendance records signed by individuals and approved by supervisor (If no, explain)				
19. Evidence that staff and member local/long distance travel vouchers signed by staff and approved by supervisor for grant related travel.				
20. Evidence that equipment purchases were authorized by the grant. (45 CFR 2541 or 2543)				
21. All financial records and supporting documentation available for 3 years after submission of final Financial Status report (CNCS FAQ Policy F.10)				
22. I. Evidence that funds, members and education awards have **not** been transferred to another program without specific, prior approval of CNCS (CNCS FAQ D.4.A)				
B. Member Support	**Compliance Level** (Total, Partial, None)	**Compliant** (Yes, No, N/A)	**Review Indicator** (A133/UG, AFR, PERs, Budget, OnCorps)	**Comments**
1. Proof of eligibility for AmeriCorps members receiving living allowance (CNCS Provisions IV.F.1)				
2. Evidence that payment of living allowance is not based on hours of service in the same period. (CNCS Provisions IV.F.1)				
3. Separate documentation of Members' service hours if 40 hour/week time sheet required for payroll.				

Degree of Compliance	Evaluation of Program Compliance (Total, Partial, None)	Compliant (Yes, No, N/A)	Review Indicator (A133/UG, AFR, PERs, Budget, OnCorps)	
4. Regular deposits made on Federal payroll taxes (income and FICA) as required by IRS. (If no, explain) (CNCS Provisions IV.F.3.b)				
4. Matching contributions for member support costs (excluding health insurance) are derived from non-federal cash sources				
6. Evidence that payments for coverage of Members for Health and Occupational Accident/Injury are current (CNCS Provisions IV.F.3.d)				
7. FICA is withheld and member portion deposited (CNCS Provisions IV.F.3.d)				
C. Expense Reports (2541.200-2541.370 or 2543.21-2543.25) & Invoices	**Compliance Level (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (A133/UG, AFR, PERs, Budget, OnCorps)**	**Comments**
Grant award requires program to file Periodic Expense Reports (PERs) X monthly; _____quarterly				
1st Quarter -- # DUE: _____ # RECEIVED: _____ # ON TIME:_____ # REJECTED FOR ERRORS:				
2nd Quarter -- # DUE: _____ # RECEIVED: _____ # ON TIME:_____ # REJECTED FOR ERRORS:				
3rd Quarter -- # DUE: _____ # RECEIVED: _____ # ON TIME:_____ # REJECTED FOR ERRORS:				
4th Quarter -- # DUE: _____ # RECEIVED: _____ # ON TIME:_____ # REJECTED FOR ERRORS:				
1. Expenses reported on PERs match program expenditure report in agency accounting system for same period. [List months sampled: **August 2015 through May 2016**]				
2. Local share (match) is obtained at level required by grant award.				
3. Invoices: Reimbursement requests match expenses reported in corresponding PERs (Include invoices for PERs months sampled.)				
D. Aggregate Financial Reports (AFRs)	**Compliance Level (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (A133/UG, AFR, PERs, Budget, OnCorps)**	**Comments**
1st Quarter -- DUE: ___ RECEIVED: ____ EXTENSION GIVEN?				
2nd Quarter -- DUE: ___ RECEIVED: ____ EXTENSION GIVEN?				
3rd Quarter -- DUE: ___ RECEIVED: _____ EXTENSION GIVEN?				
4th Quarter -- DUE: __ RECEIVED: _____ EXTENSION GIVEN?				
1. Signator on AFRs is authorized by agency policy.	Total	Yes	Interview	
E. Program Income (Fee-for-Service)	**Compliance Level (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (A133/UG, AFR,**	**Comments**
1. Program has income generated through fee-for-service				

Degree of Compliance	Evaluation of Program Compliance (Total, Partial, None)	Compliant (Yes, No, N/A)	Review Indicator (A133/UG, AFR, PERs, Budget, OnCorps)	
2. Fee for Service meets CNCS criteria - the service does not benefit a for-profit business; the service does not fall within the other prohibited program activities; service activities are authorized as part of the award; the service does not violate non-displacement provisions. (45 CFR 2520.55)				
3. Program income is authorized in grant award (45 CFR 2541.240: "Costs financed by program income, as defined in §2541.250, shall not count towards satisfying a cost sharing or matching requirement UNLESS they are expressly permitted in the terms of the award.")				
4. IF #3 above is "Yes," income generated by the program's grant activities has been retained by the grant program and used to finance the non-CNS share of expenditures. (45CFR 2520.55)				
F. Audit of financial statements (45CFR 2541.260; Applicable OMB audit circular)	**Compliance Level (Total, Partial, None)**	**Compliant (Yes, No, N/A)**	**Review Indicator (A133/UG, AFR,**	**Comments**
1. Does legal sponsor meet threshold for A-133 audit? (Circular A133, Audits of State, Local Governments, and Nonprofit Organizations, requires nonprofits spending more than $500,000 per year in federal funding to have an audit. This audit is required even if the federal money received is passed through another agency.)				
Legal sponsor's fiscal year: **Audit report type: ___Review __Compilation __Full Audit** **Documents reviewed: ____Financial Statements ___Management Letter(s)**				
1.a. Audit is performed by an independent auditor.				
1.b. If sponsor's federal funding does not meet threshold for A133, has the program had a grant-specific audit done for each year of the award as required by the contract.				
Date of Last Audit: December 30, 2015				

Outstanding Issues (space for reviewer notes)

Monitoring Evaluation: