

Opportunities for Ohioans with Disabilities
FISCAL MONITORING REVIEW FORM

Contract Name: _____

Contract Start Date: _____ Contract End Date: _____

Review Results Key: (MS) MEETS STANDARDS (NI) NEEDS IMPROVEMENT (N/A) NOT APPLICABLE

Accounting Process:

1. Key Personnel – Since the beginning of the agreement period, have there been any changes in key personnel involved in accounting activities (i.e., new CFO, new accountant, etc.)? If yes, was OOD informed of the changes? Is there adequate separation of duties among key personnel to ensure sufficient financial control?

	Review Date	Review Results	Comments	Staff Initials
1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

2. Policies & Procedures – Does the contractor maintain written accounting policies and procedures? Can expenditures be traced through the accounting system in a manner that is consistent with those policies and procedures?

	Review Date	Review Results	Comments	Staff Initials
1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

3. Accounting System – Does the contractor maintain an accounting system, electronic or otherwise, that tracks revenues and expenditures? Have there been any changes to the system since the contractor was last audited? If so, when were the changes made? Does the contractor use a cash or accrual basis for accounting?

	Review Date	Review Results	Comments	Staff Initials
1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

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3 rd Qtr.		<input type="checkbox"/> MS	<input type="checkbox"/> NI	<input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS	<input type="checkbox"/> NI	<input type="checkbox"/> N/A		

4. Grant Funds – Is there a way, via special coding or other method, by which grant funds can be readily identified on accounting system ledgers? What code(s) apply to this agreement? Or does the contractor maintain separate GLs per funding source? Request a chart of accounts.

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1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

5. Accounting Accuracy – Do entries in the general ledger reconcile with invoiced amounts? Test invoices. Are expenses recorded in the correct grant period?

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1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

Supporting Documentation:

6. Staff Salaries/Wages – Have staff salaries/wages been paid under the agreement? If so, were these costs included on the budget document? Does the contractor maintain personnel activity reports or some other means of identifying the staff time charged to the agreement? Do payments reflect actual costs or budgeted amounts?

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1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

7. Staff Travel – Have staff travel costs been paid under the agreement? If so, were these costs included on the budget document? Does the contractor maintain records of mileage, fuel, or lodging costs? Do payments reflect actual costs or budgeted amounts?

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Does the contractor use the State mileage and lodging rates or other rates (i.e., gsa.gov rates)?

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1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

8. Rent – Have rent costs been paid under the agreement? If so, were these costs included on the budget document? Is rent identified on the cost allocation plan (CAP)? Are the rent charges consistent with the CAP? Are the total square footage and the rate per square foot charged to the cooperative agreement consistent with the terms of the contractor’s lease agreement? If multiple funding sources support the contractor’s rent costs, is the same rate applied to all funding sources?

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1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

9. Utilities – Have utility costs been paid under the agreement? If so, were these costs included on the budget document? Are utilities identified on the cost allocation plan (CAP)? Are the utility charges consistent with the CAP? Is the rate charged to the cooperative agreement consistent with the contractor’s utility bills? If multiple funding sources support the contractor’s utility costs, is the same rate applied to all funding sources?

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1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

10. Equipment – Have equipment purchases been made under the agreement? If so, were these costs included on the budget document? Does the contractor maintain an equipment inventory list? If multiple funding sources support the contractor’s equipment purchases, does the cost allocation reflect the time the equipment is used to execute the agreement versus other funding sources?

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1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

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2 nd Qtr.		<input type="checkbox"/> MS	<input type="checkbox"/> NI	<input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS	<input type="checkbox"/> NI	<input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS	<input type="checkbox"/> NI	<input type="checkbox"/> N/A		

11. *Supplies and other overhead* – Have supplies and other (administrative) overhead costs been paid under the agreement? If so, were these costs included on the budget document? Does the contractor maintain records (invoices or receipts) to support the costs charged to the agreement in this category? Is the contractor expensing food, snacks, drinks, or other party supplies?

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1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		

12. *Indirect Costs* – Have indirect costs been paid under the agreement? If so, were these costs calculated by multiplying the applicable base (direct administrative costs) by the approved indirect cost rate?

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1 st Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
2 nd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
3 rd Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		
4 th Qtr.		<input type="checkbox"/> MS <input type="checkbox"/> NI <input type="checkbox"/> N/A		