**Financial Site Visit Review Checklist SFY24**

For subrecipient monitoring performed by, or on behalf of, pass-through (DHHS)

**Subrecipient:** **Program(s) Reviewed:** **Date:**

Use of this Checklist is intended for onsite review of subrecipient organizations, one of several methods used for subrecipient monitoring. Sections of this Checklist identify several key areas for monitoring subrecipient financial management. The Checklist is not the entire monitoring framework, as that may be specific by Federal award and/or the assessed risk of the subrecipient organization. The scope of this Checklist and the onsite review is not an audit of financial statements or the audit required under the Single Audit Act.

| **INTEGRITY AND ETHICAL VALUES** |
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| **Description of Control** | **Yes** | **Making Progress** | **No** | **N/A** | **Comments/Responsible Individual(s)** |
| 1. **For SUA** - Previous experience with agency indicates financial integrity among management and personnel.
 |  |  |  |  |  |
| 1. A code of conduct has been established that addresses acceptable business practices.
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| 1. The code of conduct addresses the policy for potential conflicts of interest.
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| 1. The code of conduct is adequately communicated to employees.
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| 1. Management and staff comply with the agency’s policies and procedures.
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| 1. Management discusses internal controls at meetings.
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| 1. The agency has an updated internal control plan.
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| 1. The internal control plan is communicated to applicable personnel.
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| 1. Management acknowledges employees for following good internal control practices.
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| 1. Procedures are in place for employees to report suspected violations of policies.
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| 1. Management takes appropriate disciplinary action when necessary to enforce the code of conduct.
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| 1. The agency knows applicable federal and/or state grant/sub-award provisions and requirements.
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| 1. The agency knows to follow the applicable federal grant guidelines if they are more stringent than its normal policies/procedures.
 |  |  |  |  |  |
| 1. Significant pressures exist for the agency to stay within budgeted amounts because of taxpayer initiatives, election promises, or similar political considerations.
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| **COMMITMENT TO COMPETENCE** |
| **Description of Control** | **Yes** | **Making Progress** | **No** | **N/A** | **Comments/Responsible Individual(s)** |
| 1. The agency clearly defines tasks for each employee’s position.
 |  |  |  |  |  |
| 1. The agency analyzes and documents the knowledge and skills necessary for each position.
 |  |  |  |  |  |
| 1. The agency provides applicable training for its employees.
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| 1. The personnel responsible for ensuring compliance with federal and/or state laws are knowledgeable and experienced in administering the programs.
 |  |  |  |  |  |
| 1. Accounting personnel have the background, education, and experience appropriate for their tasks.
 |  |  |  |  |  |
| 1. Accounting personnel understand the duties and procedures applicable to their job.
 |  |  |  |  |  |
| 1. Accounting personnel have sufficient expertise in selecting and applying applicable accounting principles.
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| 1. Accounting supervisor(s) have sufficient expertise to review accounting transactions for accuracy and compliance with rules and regulations.
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| 1. Accounting supervisor(s) frequently prepare reports or reconciliations to verify the accuracy of financial transactions processed.
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| **GOVERNING BODY/AUDIT COMMITTEE** |
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| **Description of Control** | **Yes** | **Making Progress** | **No** | **N/A** | **Comments/Responsible Individual(s)** |
| 1. A governing body/board exists. (If not, skip to #25.)
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| 1. The governing body/board meets regularly to set policies and objectives and review the entity’s performance.
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| 1. The minutes of those meetings are prepared and signed on a timely basis.
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| 1. The governing body/board has been informed about and approved all of the federal and state grants/sub-awards the agency has or are expected to be received.
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| **MANAGEMENT PHILOSOPHY AND OPERATING STYLE** |
| **Description of Control** | **Yes** | **Making Progress** | **No** | **N/A** | **Comments/Responsible Individual(s)** |
| 1. Management and operating decisions are made at appropriate levels.
 |  |  |  |  |  |
| 1. Management asks employees for their suggestions on how to improve processes.
 |  |  |  |  |  |
| 1. Management has given a high priority to its internal control structure.
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| 1. Management emphasizes meeting the budget and/or other financial and operating goals.
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| 1. Management takes an active role in the financial reporting of the agency.
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| 1. The agency is meeting its financial obligations.
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| 1. Management reviews audit recommendations and takes appropriate and immediate corrective action.
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| 1. Management has not adjusted/corrected the financial statements for misstatements approaching a material amount during the past fiscal year.
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| 1. There is an agency plan for developing future information systems and hardware purchases.
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| 1. The agency plan is reviewed and approved by senior management.
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| **ORGANIZATIONAL STRUCTURE** |
| **Description of Control** | **Yes** | **Making Progress** | **No** | **N/A** | **Comments/Responsible Individual(s)** |
| 1. The agency organization chart clearly defines the lines of management authority and responsibility.
 |  |  |  |  |  |
| 1. The organization chart is current and accurate.
 |  |  |  |  |  |
| 1. The organizational structure is appropriate for the size and complexity of the agency.
 |  |  |  |  |  |
| 1. There are formalized policies and procedures for all major agency operations.
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| 1. Policies and procedures for authorizations are established at a reasonable and appropriate high level.
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| 1. The governing body and management stress adherence to policies and procedures.
 |  |  |  |  |  |
| 1. Specific lines of authority and responsibility have been established to ensure compliance with federal and/or state laws and regulations.
 |  |  |  |  |  |

| **METHODS OF ASSIGNING AUTHORITY AND RESPONSIBILITY** |
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| **Description of Control** | **Yes** | **Making Progress** | **No** | **N/A** | **Comments/Responsible Individual(s)** |
| 1. There is a clear assignment of responsibility and delegation of authority to deal with matters such as organizational goals and objectives, operating functions, and regulatory requirements.
 |  |  |  |  |  |
| 1. Management is actively involved in the supervision of various agency operational functions.
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| 1. Channels of communication within the agency are being utilized.
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| 1. Fiscal authority has been formally delegated to specific management personnel.
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| 1. Management understands the concept and importance of internal controls, including the division of responsibility among its employees.
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| 1. Management clearly communicates the scope of its authority and responsibility to deal with the information system management.
 |  |  |  |  |  |
| 1. The agency has identified an individual that is responsible for coordinating the various federal, state, and local programs within the agency.
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| 1. Periodic audits of subrecipient financial operations are performed in compliance with CFR 200 Uniform Grant Guidance.
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| 1. The agency requires subrecipients to submit all independent audits performed for review.
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| **PERSONNEL POLICIES AND PRACTICES** |
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| **Description of Control** | **Yes** | **Making Progress** | **No** | **N/A** | **Comments/Responsible Individual(s)** |
| 1. Management checks the credentials and references of new employees.
 |  |  |  |  |  |
| 1. Confidentiality agreements are signed by employees and volunteers who come in contact with confidential information.
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| 1. Turnover of key fiscal personnel is relatively low.
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| 1. Vacations are highly encouraged/mandatory for financial personnel.
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| 1. Job duties are rotated when employees are on vacation.
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| 1. Policies regarding personal use of computer equipment and software are clearly stated and are known by employees.
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| 1. The agency’s accounting records, along with the supporting documentation, are kept in a single, secure central location.
 |  |  |  |  |  |
| 1. The agency and senior center accounting records are the responsibility of one employee.
 |  |  |  |  |  |
| 1. The agency adequately separates accounts receivable and accounts payable functions between at least two people.
 |  |  |  |  |  |
| 1. Agency employees, volunteers, and senior center employees who handle cash are rotated frequently between positions/job duties.
 |  |  |  |  |  |
| 1. The agency conducts a pre-award risk assessment on all sub-recipients or contractors.
 |  |  |  |  |  |
| 1. The agency conducts subrecipient monitoring or contract review and maintains adequate documentation of monitoring activities for each subrecipient.
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| 1. Contracts are reviewed for adherence to terms and for adequate fiscal handling (deposits, recording client contributions, etc.)
 |  |  |  |  |  |
| 1. The agency reviews subrecipient or contractor audits and follows up to resolve any findings.
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| 1. There are written job descriptions for each employee’s employment position delineating specific tasks, reporting relationships, and constraints.
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| 1. Management ensures compliance with the agency personnel policies and procedures concerning hiring, training, promoting, and compensating employees.
 |  |  |  |  |  |
| 1. Sufficient training opportunities exist or are available to improve competency and update employees on new policies and procedures.
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| 1. Employees are cross-trained to ensure the uninterrupted performance of personnel functions.
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| **INTERNAL CONTROLS - PROCEDURES** |
| **Description of Control** | **Yes** | **No** | **Comments/Responsible Individual(s)** |
| 1. Is the Office of Management and Budget (OMB) Uniform Grant Guidance available in print or electronic form? If so, where?
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| 1. Is there effective control over and accountability to safeguard funds and property to ensure all assets are used solely for authorized purposes?
 |  |  |  |
| 1. Are comparisons of expenditures with budgeted amounts made for each subaward?
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| 1. Are there written procedures for determining that costs are necessary and reasonable, allocable, and allowable in accordance with UGG and terms and conditions of the subgrant award?
 |  |  |  |
| 1. Are there written policies and procedures covering compensation of employees and fringe benefits?
 |  |  |  |
| 1. Which employees have access to the accounting system and what are their titles?
 |  |
| 1. Who enters new employees into the accounting system?
 |  |
| 1. Who enters changes to pay rates into system?
 |  |
| 1. Are hours worked documented on timesheets?
 |  |  |  |
| 1. Are timesheet or time cards signed by employee and approved by supervisor?
 |  |  |  |
| 1. If employee works on more than one program or activity, does timesheet reflect actual time worked on each program? If not, what method is used to allocate time to more than one?
 |  |  |  |
| 1. Who enters hours worked / gross pay into system?
 |  |
| 1. Who maintains personnel files, and do they contain W-4, I-9, payrate, and deduction information?
 |  |
| 1. Who prepares and distributes paper payroll checks?
 |  |
| 1. Is there adequate segregation of payroll functions?
 |  |
| 1. Who prepares vendor payments?
 |  |
| 1. Who verifies materials or services were received before vendors are paid?
 |  |
| 1. How many credit cards does the agency use? Who uses them and whose name appears on the card?
 |  |
| 1. Who reviews the credit card statements for reasonableness and agrees them to supporting documentation? Reference credit card policy if included in that document.
 |  |
| 1. Are claims reviewed and approved by Board prior to payment? What level of detail is provided to the board?
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| 1. Are claims recorded in minutes and published?
 |  |
| 1. Are Board member conflicts of interest or related party issues documented in minutes? Does a board member with a conflict of interest abstain from voting on related-party transactions?
 |  |
| 1. Who prepares vendor payments?
 |  |
| 1. Under what circumstances can checks be made out to "Cash" or Bearer" or blank checks signed in advance?
 |  |
| 1. Is there adequate segregation of duties over vendor payments?
 |  |
| 1. Who is responsible for ensuring matching requirements are met for the Federal programs?
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| 1. Does the Entity have any lease to own agreements? If so, identify them.
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| **CONCLUSION/NOTES** |
| **Description of Control** | **Yes** | **No** | **Comments/Responsible Individual(s)** |
| 1. Employee responding to this checklist is NOT aware of a situation(s) where the rules are not being followed, or someone is doing something wrong or dishonest.
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| 1. Employee responding to this checklist has reviewed this completed document and agrees it accurately reflects their answers.
 |  |  |  |
| **Checklist Completed by SUA employee:** |  | **Date:** |  |
| **AAA Employee Interviewed:** (print name) |  | **Date:** |  |
| **(Signature)** |  |  |  |
|  |  |  |  |
| **DHHS Review by:** |  | **Date:** |  |
| **DHHS Review by:** |  | **Date:** |  |