ATTACHMENT E3

COALITION NAME COMPLIANCE MONITOR INSTRUMENT

Direct Service Prevention Programs

A. Agen	cy Information								
Complet	e prior to site visit.								
Agency &	& Program Name								
Grant Number Funding Amount					Funding Perio				
Director				S	APTA Cer	tification Expiration			
Mailing A									
Site Visit	t Address(es)								
Telephor		Fax	Email						
	Providing Program Data				Website				
Informat	ion Fiscal Data								
Date(s) o	of Monitor					Evidence-based?	Yes	No	
Coalition	Staff								
Conducti	ng the Monitor								
	·								
_	Prevention Strategies		r of unduplicated			strategy. Include o			
V	Prevention Strategies (check all that apply)		r of unduplicated ents served in each	requirem	ents for pr	strategy. Include o			ek for
V	(check all that apply)				ents for pr				eek for
✓	(check all that apply) Information Dissemination		nts served in each	requirem	ents for pr				eek for
√	(check all that apply) Information Dissemination Prevention Education		nts served in each	requirem	ents for pr				eek for
√	(check all that apply) Information Dissemination Prevention Education Alternate Activities		nts served in each	requirem	ents for pr				eek for
✓	Information Dissemination Prevention Education Alternate Activities Problem Identification and Referral		nts served in each	requirem	ents for pr				eek for
√	Information Dissemination Prevention Education Alternate Activities Problem Identification and Referral Community-Based Process		nts served in each	requirem	ents for pr				eek for
✓	Information Dissemination Prevention Education Alternate Activities Problem Identification and Referral Community-Based Process Environmental		nts served in each	requirem	ents for pr				eek for
✓	Information Dissemination Prevention Education Alternate Activities Problem Identification and Referral Community-Based Process Environmental Universal Direct		nts served in each	requirem	ents for pr				eek for
✓	Information Dissemination Prevention Education Alternate Activities Problem Identification and Referral Community-Based Process Environmental Universal Direct Universal Indirect		nts served in each	requirem	ents for pr				eek for
✓	Information Dissemination Prevention Education Alternate Activities Problem Identification and Referral Community-Based Process Environmental Universal Direct Universal Indirect Selective		nts served in each	requirem	ents for pr				eek for
	Information Dissemination Prevention Education Alternate Activities Problem Identification and Referral Community-Based Process Environmental Universal Direct Universal Indirect		nts served in each	requirem	ents for pr				eek for

B. Grant File Review	Documentation to be reviewed	Yes	No	Comments
Complete prior to site visit	(may include but is not limited to)			
1. Has there been any scope of work and/or fiscal amendments to the subgrant?	Coalition Grant File (Grant award documents)			
2. Does the grant file contain a copy of the program's last audit and management letter? If the agency receives less than \$500,000 in federal funding, a limited scope audit will be accepted.	Coalition Grant File (Review audit)			Date of audit: Date of management letter:
3. Does the grant file contain a copy of:a. The last certification and monitor report?b. Were any discrepancies noted that need to be re-checked for compliance?	Coalition Grant File (If a copy of the certification report is not in the coalition grant file, contact your assigned SAPTA analyst for a copy)			
4. Has the program returned all the items required by the coalition checklist? (Check all that apply) □ Lease agreement □ Proof of approved Indirect Rate □ Contractor agreements □ 501(c)3 letter □ Proof of insurance (liability and worker comp) □ Current audit or letter of engagement □ Policy and procedure manual □ Internal controls for food/ incentives and documentation from the developer stating the necessity for program fidelity	Coalition Grant File			
 5. Has the program submitted quarterly reports to the coalition which include: a. Specific activities of the program with the coalition; and b. Indicates how the services of the program: Adhere to the goals and objectives of the coalitions CCPP; Maintain fidelity to appropriate evidence-based practices; and Satisfy the goals of federal and state alcohol and drug abuse programs for the prevention of substance-related disorders 	Coalition Grant File			

The coalition is responsible for conducting fiscal monitors of the subrecipients on an annual basis.

C.	Fiscal Document Review	Documentation to be	CAP	Yes	No	Comments
		reviewed	Code			
		(may include but is not limited to)				
1.	Do program policies and procedures specify that	Program policy and	В			
	different people prepare checks, sign checks,	procedure manual				
	reconcile bank accounts, and have access to bank					
	accounts? (Grant assurances)					
2.	Do program policies and procedures identify	Program policy and	В			Titles of authorized individuals:
	individuals in the organization who are authorized	procedure manual				
	to sign checks? (Grant assurances)					
3.	Do program policies and procedures require the	Program policy and	В			
	check signer to review documents in support of	procedure manual				
	checks presented for his/her signature? (Grant					
1	assurances)	Design described	D			Decree at a series of a 1 letter
4.	Are tax deposits up to date (FICA, withholding,	Review deposit slips,	В			Documents reviewed and date:
	EICON, and ESD)? Only necessary if fiscal monitor has not been conducted within last 12 months. Program	reporting forms, payroll				
	policy and procedure manual. (Grant assurances)	records, and bank				
5		statements of last quarter.	В			Date of reimbursement check:
5.	Does an inspection of the program's designated	Review designated draw	Б			Date identified in fiscal record:
	bank statements, deposit slips, etc. satisfactorily trace the deposit of grant funds into the program's	requests, appropriate bank statements, deposit slips,				Bank statement showing deposit:
	account? Only necessary if fiscal monitor has not been	journals, etc.				Bank statement showing deposit.
	conducted within last 12 months. Program policy and	Journals, etc.				
	procedure manual. (Grant assurances)					
6.	Does the program have back-up documents (pay	Review a copy of	В			Date of request for reimbursement:
	ledgers, invoices, etc.) to support the designated	designated request for				Amount:
	monthly draw request for reimbursement submitted	reimbursement back-up				Documents reviewed:
	to the coalition? Only necessary if fiscal monitor has not	and cross reference to				
	been conducted within last 12 months. Program policy and	actual fiscal files.				
	procedure manual. (Grant assurances)					
/.	Does the management letter of the program's last	Review management	C			
	audit suggest any recommendations?	letter. If issues are				_
	a. If yes, what is the status of the	identified, review a filed				
	recommendations?	and accepted corrective				
	b. Has a corrective action plan been filed and	action plan.				
	accepted by the auditing firm?					

D.	Program Review	Documentation to be reviewed (may include but is not limited to)	CAP Code	Yes	No	Comments
1.	 Is there evidence that: a. The program has displayed diminished quality of service from when it was originally approved? b. The program has displayed a major noncompliance? 	Coalition grant file, NHIPPS, program observation	A			
2.	Is the program maintaining the intensity and duration of services projected in the current scope of work? (Grant award documents)	Coalition grant file, NHIPPS, program observation, and/or daily sign-in sheets	В			
3.	Is the program and its operations in compliance with all applicable state and federal laws?	Coalition grant file, NHIPPS, program observation	В			
4.	Do participants receiving services reflect the target population identified in the scope of work? (Grant award documents)	NHIPPS reports, program observation, and/or daily sign-in sheets	В			
5.	Is the number of participants served to date adequate to meet the scope of work? (Grant award documents)	NHIPPS and/or daily sign- in sheets	В			
6.	Is the data system tracking records available for review?	NHIPPS	В			
7.	Does the program have documentation on file verifying Nevada Repository and FBI background checks were conducted and the results received (every five years) on all staff, volunteers, and consultants, if the program serves minors with funds awarded through this subgrant? (Grant assurances)	Personnel and volunteer files	A			
8.	As appropriate, is the correct attribution used to identify SAPTA as a funding source? (Grant assurances)	Review program literature, brochures, websites, etc.	В			
9.	Has the program encountered problems in meeting its scope of work and reporting requirements? a. If yes, does the program have a written plan to	NHIPPS and quarterly reports	В			

D. Program Review	Documentation to be reviewed (may include but is not limited to)	CAP Code	Yes	No	Comments
correct the problem(s)?					
10. Are program files kept in locked containers and records kept on a computer that is password protected?	Program observation	A			
 11. Does the program's policy and procedure manual contain a policy that states that all records of the program are kept for at least 4 years, including, without limitation: a. Staff records; b. Participant records; c. Fiscal records; d. Information reported to the coalition; e. Records which substantiate any information reported to the coalition; f. Records which substantiate any claims for funds from the coalition? 	Program policy and procedure manual	С			
 12. Does the program's policy and procedure have policies that are to be used by the operator to: a. Claim funds or bill for services; b. Receive and record funds; c. Record expenditures; d. Prepare financial reports; e. Maintain information for the support of claims for funds; and f. Implement internal controls and audits, as necessary 	Program policy and procedure manual	С			
 13. If the service is directed at specific participants, does the program prepare records of the service, including, without limitation: a. Records of attendance which include the date and time the service was provided; b. The name of each participant; 	Attendance and participant records	С			

D. Program Review	Documentation to be reviewed (may include but is not limited to)	CAP Code	Yes	No	Comments
 c. The name and signature of the person(s) who conducted the service; d. The location at which the service was provided; and e. The program consent to participate (if required by the program). 					
14. Has the program ensured that the staff is aware and knowledgeable of the theories, goals, and methodologies used to successfully carry out the prevention program and the services of the program?	Personnel and volunteer files for certificates of attendance at training and program observation.	В			
15. Have program personnel received the required hours of prevention approved training? (Grant award documents)	Personnel and volunteer files for certificates of attendance at training	В			
16. Is paid staff on the premises where the program is providing services at all times when a participant is present?	Program policy and procedure manual and program observation	A			
 17. Has the program maintained fidelity to the appropriate evidence-based practices? a. Does the program have a policy that states that a minor and the parent/guardian must comply with the criteria for the program regarding consent to participate in a prevention program? b. If the program includes an evaluation by the participants, does the program maintain documentation that the operator made a good faith effort to obtain consent? c. Does the policy and procedure manual contain a written process for evaluating the outcomes of the program and for participating in an evaluation of the program? 	Program policy and procedure manual, program observation, and participant records	В			

E. Findings/Recommendations/Follow-up:	The following indicates specific program observation, comments, recommendations	and/or timelines.
Prepared by:	Date:	
Reviewed by:	Date:	
Date mailed to program:		

The following reflects the timelines that will be observed during the monitor process:

- COALITION must submit the final monitor visit report to the program within 20 working days.
- Within 10 working days of receipt of the compliance action plan, COALITION must approve or reject it and return it.
- If the plan is rejected, the program has 5 working days from the receipt of the rejection to contact their assigned COALITION to resolve the conflicts.

The CAP Code column indicates the priority rating of each item and each item is ranked as A, B, or C.

- A Requires a Compliance Action Plan completed at the exit interview and addressed within 24 hours.
- B Issues in this category are addressed at the exit interview and requires a Compliance Action Plan submitted to COALITION within 10 days of the Monitor visit.
- C Must be corrected before the next monitor visit does not require a Compliance Action Plan.

Plan	1	of

COALITION COMPLIANCE ACTION PLAN

Agency/P	rogram Name:		Coalition Staff:
CAP Code	e (A-D):	Monitor Date:	Date of Plan:
(Sections A.	A, B and C are to be Monitor Section:	completed by the Coalition sto	aff and Program director during the exit meeting.)
В.	Requirement:		
C.	Finding:		
(The follo monitor re D.	· ·	be completed by the Program	director and staff once they have received the
Б. Е.	Compliance Verifi	cation:	
F.	Plan Implementation	on Steps:	

Steps	Program Staff Responsible	Completion Date

Timelines

Monitor report due to program 30 days after monitor visit	Coalition has 10 working days to approve CAP
CAP is due to Coalition 15 days after receipt of monitor report	If plan is not approved, program has 10 working days to re-submit.

The CAP Code is part of the Monitor Form and indicates the priority rating of each item and each requirement. Noncompliance remedies must be implemented based on the following:

- A Must be addressed immediately Requires a Compliance Action Plan submitted within 24 hours
- B Must be corrected within 10 working days Requires a Compliance Action Plan submitted following above timelines
- C Must be corrected before the next monitor visit Does not require a Compliance Action Plan

FOR COALITION USE ONLY:				
Date Plan Received by Coalition	Date Plan Approved			
Date Plan Mailed to Program	Date Coalition Received CAP Docs.			
Date(s) of Initial Follow-up(s)	Date(s) of Continued Follow-up(s)			