APPENDIX D3

COALITION NAME
COMPLIANCE MONITOR INSTRUMENT

Direct Service Prevention Programs

A. Agency Information **Complete prior to site visit.**						
Agency & Program Name						
Grant Number		Funding Amount		Funding Period		
Director		SAPTA Certification Expiration				
Mailing Address						
Site Visit Address(es)						
Telephone		Fax		Email		
Person(s) Providing Information	Program Data		Website			
	Fiscal Data					
Date(s) of Monitor		Evidence-based?	Yes		No	
Coalition Staff Conducting the Monitor						

✓	**Prevention Strategies (check all that apply)**	**Number of unduplicated participants served in each strategy**		**List each service by strategy. Include detailed scope of work requirements for program operation (i.e. 36 wks – 5 sessions/week for 1.5 hours)**
	Information Dissemination			
	Prevention Education			
	Alternate Activities			
	Problem Identification and Referral			
	Community-Based Process			
	Environmental			
	Universal Direct			
	Universal Indirect			
	Selective			
	Indicated			
Total unduplicated number to be served				

B. Grant File Review **Complete prior to site visit**	**Documentation to be reviewed** **(may include but is not limited to)**	**Yes**	**No**	**Comments**
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 reviewed (may include but is not limited to)	CAP Code	Yes	No	Comments
1. Do program policies and procedures specify that different people prepare checks, sign checks, reconcile bank accounts, and have access to bank accounts? (Grant assurances)	Program policy and procedure manual	B			
2. Do program policies and procedures identify individuals in the organization who are authorized to sign checks? (Grant assurances)	Program policy and procedure manual	B			Titles of authorized individuals:
3. Do program policies and procedures require the check signer to review documents in support of checks presented for his/her signature? (Grant assurances)	Program policy and procedure manual	B			
4. Are tax deposits up to date (FICA, withholding, EICON, and ESD)? **Only necessary if fiscal monitor has not been conducted within last 12 months. Program policy and procedure manual.** (Grant assurances)	Review deposit slips, reporting forms, payroll records, and bank statements of last quarter.	B			Documents reviewed and date:
5. Does an inspection of the program's designated bank statements, deposit slips, etc. satisfactorily trace the deposit of grant funds into the program's account? **Only necessary if fiscal monitor has not been conducted within last 12 months. Program policy and procedure manual.** (Grant assurances)	Review designated draw requests, appropriate bank statements, deposit slips, journals, etc.	B			Date of reimbursement check: Date identified in fiscal record: Bank statement showing deposit:
6. Does the program have back-up documents (pay ledgers, invoices, etc.) to support the designated monthly draw request for reimbursement submitted to the coalition? **Only necessary if fiscal monitor has not been conducted within last 12 months. Program policy and procedure manual.** (Grant assurances)	Review a copy of designated request for reimbursement back-up and cross reference to actual fiscal files.	B			Date of request for reimbursement: Amount: Documents reviewed:
7. Does the management letter of the program's last audit suggest any recommendations?	Review management letter. If issues are identified, review a filed and accepted corrective action plan.	C			
a. If yes, what is the status of the recommendations?					
b. Has a corrective action plan been filed and 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 non-compliance?	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	B			
3. Is the program and its operations in compliance with all applicable state and federal laws?	Coalition grant file, NHIPPS, program observation	B			
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	B			
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	B			
6. Is the data system tracking records available for review?	NHIPPS	B			
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.	B			
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 correct the problem(s)?	NHIPPS and quarterly reports	B			

D. Program Review	Documentation to be reviewed (may include but is not limited to)	CAP Code	Yes	No	Comments
10. Are program files kept in locked containers and records kept on a computer that is password protected? 11.	Program observation	A			
12. 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	C			
13. 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	C			
14. 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; c. The name and signature of the person(s) who	Attendance and participant records	C			

D. Program Review	Documentation to be reviewed (may include but is not limited to)	CAP Code	Yes	No	Comments
conducted the service; d. The location at which the service was provided; and e. The program consent to participate (if required by the program).					
15. 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.	B			
16. Have program personnel received the required hours of prevention approved training? (Grant award documents)	Personnel and volunteer files for certificates of attendance at training	B			
17. 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			
18. 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	B			

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/Program Name: _____ Coalition Staff: _____

CAP Code (A-D): _____ Monitor Date: _____ Date of Plan: _____

(Sections A, B and C are to be completed by the Coalition staff and Program director during the exit meeting.)

A. Monitor Section:

B. Requirement:

C. Finding:

(The following sections are to be completed by the Program director and staff once they have received the monitor report.)

D. Goal(s):

E. Compliance Verification:

F. Plan Implementation 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)**