

ARRA Desktop Monitoring Report**Sub-Recipient Information:**

Name:	
Executive Leader:	
ARRA Point of Contact :	
Email Address:	
Telephone Number:	

Desktop Monitoring Summary:

Date(s) ARRA Workbook Submitted:	DD-MM-YY
Dates of OSSE Review:	MM-DD-10 through MM-DD-10
Status Based on Review:	Compliant/Non-Compliant
Number of Findings Issued:	XX
Date Monitoring Report Issued:	DD-MM-YY
Due Sub-Recipient's Corrective Action Plan due to OSSE:	DD-MM-YY

Introduction:

The Office of the State Superintendent of Education (OSSE) is responsible for the distribution and oversight of state-administered federal education funds. As such, OSSE is responsible for providing sub-recipients with clear policies, guidance, and technical assistance related to the statutes, regulations, and non-regulatory guidance governing federal education funds. Additionally, OSSE is responsible for monitoring sub-recipients' implementation of federal grant programs. In addition to monitoring for meaningful compliance, OSSE's monitoring process is designed to provide sub-recipients with meaningful feedback to improve the quality and implementation of their educational programs and to ultimately raise student achievement in the District of Columbia.

Scope of Review:

This desktop monitoring consisted of the review of documents pertaining to program implementation. This review covered the sub-recipient's administration of the ARRA programs listed below, as applicable:

ARRA Title I, Part A

ARRA School Improvement Grants: 1003(a), 1003(g)

ARRA IDEA Part B, Sections 611 and 619

ARRA McKinney Vento

ARRA State Fiscal Stabilization Funds

ARRA Enhancing Education Through Technology

Structure of Monitoring Review:

Tab #1: General information about sub-recipients' ARRA award amounts and expenditure documentation requested and submitted for review.

Tab #2: ARRA Reimbursement and Reporting Workbook Desktop Monitoring Tool

Tab #3: ARRA Desktop Monitoring Summary

Tab #4: Corrective Action Plan Template

Response to Monitoring Report:

If the ARRA sub-recipient met all requirements, no action is needed in response to the Monitoring Report. If there are any findings of noncompliance, the ARRA sub-recipient has thirty (30) calendar days from the date of the Monitoring Report to respond in the form of a corrective action plan.

Overview of Sub-Recipient's ARRA Grants:

Date Monitoring Report Prepared: MM-DD-10

Grant Title	Sub-Recipient Award Number	Allocation Information				Desktop Review Information					
		Allocation Amount	Status	Date Funds Available for Obligation	Date Eligible to Receive Payment	Date ARRA Workbook Submitted	Applicable ARRA Reporting Quarter	PTS Order Number	Number of Expenditures Subject to Review	Amount of Expenditures Subject to Review	Number of Expenditures for which Sub-Recipient Provided Documentation
ARRA Enhancing Education Through Technology (EdTech)									0	\$ -	0
ARRA IDEA Part B Section 619									0	\$ -	0
ARRA IDEA Part B, Section 611									0	\$ -	0
ARRA McKinney-Vento									0	\$ -	0
ARRA School Improvement Grant (SIG)-1003 (a)									0	\$ -	0
ARRA School Improvement Grant (SIG)-1003 (g)									0	\$ -	0
ARRA State Fiscal Stabilization Fund (SFSF) - Education Stabilization									0	\$ -	0
ARRA State Fiscal Stabilization Fund (SFSF) - Government Services									0	\$ -	0
ARRA Title I, Part A									0	\$ -	0
Total										\$ -	

Sub-Recipient Information:

ARRA Reimbursement and Reporting Workbook Desktop Monitoring Tool

Name:			
Executive Leader:			
ARRA Point of Contact(s) :			
Email Address:		Total Number of Items for which Documentation is Requested:	0
Telephone Number:		Deadline for Submission:	

Directions: Sub-Recipients must provide supporting documentation for each expenditure itemized below. Data in columns G through L were extracted directly from the sub-recipient's submitted ARRA workbook(s).

Sub-Recipient's Expenditures Submitted to OSSE											
A	B	C	D	E	F	G	H	I	J	K	L
ARRA Reporting Quarter	Date ARRA Workbook Submitted to OSSE	ARRA Reimbursement and Reporting Workbook (File Name)	ARRA Reimbursement and Reporting Workbook Tab # and Row # (ex. T2-R14)	ARRA Grant	Type of Expenditure	Payee (Vendor, Consultant, etc.)	Invoice Number (Non-Personnel) or Name (Personnel)	Total Invoice Amount (Non-Personnel) or N/A (Personnel)	Amount Requested (Non-Personnel and Personnel)	Payment Date (Non-Personnel) or N/A (Personnel)	Check Number (if applicable) or N/A (Personnel)
1											
2											
3											
6											
7											
8											
9											
10											
								\$	-	\$	-

ARRA Reimbursement and Reporting Workbook Desktop Monitoring Tool

For OSSE Use Only							
Indicators							
FIS-4: Personnel Expenditures			FIS-5: Non-Personnel Expenditures		FIS-6		
M	N	O	P	Q	R	S	T
Payroll Records	Time and Effort Documentation	Sub-recipient provided sufficient documentation to support expenditure	Documents Reviewed	Sub-recipient provided sufficient documentation to support expenditure	Obligations occurred within the grant obligation period	Monitoring Finding	Notes
Number of Monitoring Findings:						0	

ARRA Desktop Monitoring Indicators

ARRA Desktop Monitoring Indicators

Indicators	Description	Sample Evidence	ARRA Grants (Respond Yes, No, or N/A)									Number of Findings	Corrective Action Required
			ARRA Enhancing Education Through Technology (EdTech)	ARRA IDEA Part B Section 619	ARRA IDEA Part B, Section 611	ARRA McKinney-Vento	ARRA School Improvement Grant (SIG)-1003 (a)	ARRA School Improvement Grant (SIG)-1003 (g)	ARRA State Fiscal Stabilization Fund (SFSF) - Education Stabilization	ARRA State Fiscal Stabilization Fund (SFSF) - Government Services	ARRA Title I, Part A		
PROG-1	Sub-recipient timely submitted a Phase I application for ARRA funds.	Sub-recipient's Phase I Application										0	
PROG-2	Sub-recipient timely submitted a Phase II application for ARRA funds.	Sub-recipient's Phase II Application										0	
PROG-3	(Only applicable for LEAs) The sub-recipient attended the mandatory December 1st and 3rd ARRA Reporting and Guidance online trainings.	Webinar Attendance Records										0	
PROG-4	Sub-recipient timely submitted applicable quarterly ARRA Reporting and Reimbursement Workbooks.	ARRA Reporting and Reimbursement Workbook Sub-recipient's Phase I Application										0	
FIS-1	Sub-recipient's accounting record accurately and separately tracks expenditures assigned to the federal ARRA grant.	Accounting Codes Payment Report										0	
FIS-2	Sub-recipient's accounting record tracks expenditures against the approved grant budget for each ARRA grant.	Payment Report										0	
FIS-3	Where applicable, the sub-recipient's accounting record tracks expenditures against the sub-recipient's required or optional set-asides.	Sub-recipient's Phase I Application										0	
FIS-4	(Personnel) Sub-recipient provided sufficient documentation to verify expenditures included in the ARRA Reimbursement and Reporting Workbook as well as Time and Effort.	PARs Semi-Annual Certification Payroll Reports										0	
FIS-5	(Non-Personnel) Sub-recipient provided sufficient documentation to verify expenditures included in the ARRA Reimbursement and Reporting Workbook.	Invoices Contract Travel Itinerary											
FIS-6	Sub-recipient obligated costs within the correct grant obligation period.	Sub-recipient's Phase I Application										0	
Total Number of Findings													

ARRA Desktop Monitoring Corrective Action Plan Template

Sub-Recipient Name: _____
 Number of Findings: XX
 Due Date for CAP: MM-DD-10

Indicator: _____	
Completed by OSSE	
FINDING	RECOMMENDED CORRECTIVE ACTION
<i>Input the full text of the finding of noncompliance, as provided in the Monitoring Report from OSSE's ARRA desktop monitoring.</i>	<i>Sub-recipient's proposed corrective action(s) must address OSSE's recommendation(s) specified below.</i>

Completed by Sub-Recipient			
PROPOSED CORRECTIVE ACTION	TIMELINE	RESPONSIBLE STAFF	EVIDENCE OF IMPLEMENTATION SINCE REVIEW
<i>Provide a comprehensive explanation of the proposed corrective action(s) through which the sub-recipient plans to resolve the finding by coming fully into compliance with the requirement(s).</i>	<i>Give a detailed timeline for the proposed corrective action(s).</i>	<i>List the name(s) of all staff who will be responsible for implementing the proposed corrective action(s).</i>	<i>If applicable, provide a comprehensive explanation and clear evidence of any corrective action(s) that the sub-recipient has already taken since the time of the review to come partially or fully into compliance with the requirement(s).</i>