## **Title III-B Grant for Support Services and Senior Centers #93.044**

NC Division of Aging and Adult Services – Review of Compliance Supplement Criteria Requirements

Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AAA or Service Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Service(s):** | ❒ Adult Day Care | ❒ Health Promotion/Disease Prevention (III-B) | ❒ Legal |
| **(✓ all that apply)** | ❒ ADC Transportation | ❒ Health Screening | ❒ Mental Health Counseling |
|  | ❒ Adult Day Health Care | ❒ Home Health | ❒ Overnight Respite Service |
|  | ❒ ADH Transportation | ❒ Housing & Home Improvement | ❒ Senior Center Operation/Construction |
|  | ❒ Care Management | ❒ Information & Assistance/Options Counseling | ❒ Senior Companion |
|  | ❒ Consumer-Directed Services | ❒ In Home Aide Services | ❒ Transportation |
|  | ❒ Group Respite | ❒ Institutional Respite | ❒ Volunteer Program Development |

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| **COMPLIANCE SUPPLEMENT CRITERIA REQUIREMENTS** | **DETERMINE COMPLIANCE IN THE FOLLOWING AREAS** | **(✓) COMPLIANCE SUPPLEMENT CRITERIA** | | |
| 1. **Activities Allowed or Unallowed**:*Specific activities identified in the grant agreement, state and federal regulations.* | * If a service is provided by the AAA, determine if a direct service waiver has been granted from DAAS. * Determine that funds are used to provide only those services that are listed above. | Yes ❒ | No ❒ | N/A ❒ |
| 1. **Allowable Cost/Cost Principles**:*Ensure that costs paid are reasonable and necessary for operation and administration of the program.* | * Review DAAS-732-A and determine if costs budgeted relate to the intended purpose of this fund source. | Yes ❒ | No ❒ | N/A ❒ |
| 1. **Cash Management**:*Only* a*pplicable when advances in excess of 60 days are provided to a DAAS subrecipient.* | N/A |  |  |  |
| 1. **Reserved** | N/A |  |  |  |
| 1. **Eligibility**: *Assure that only eligible individuals receive services and assistance under this program.* | * Based on the review of the programmatic monitoring tool(s) for the funded services, only person 60 and older or persons defined as eligible in the DAAS Service Standard have received services? | Yes ❒ | No ❒ | N/A ❒ |
| 1. **Equipment and Real Property Management**:  *Equipment defined as tangible property with a useful life more than one year and a cost of $5,000 or more may only be purchased if specifically approved in the contract or grant agreement.* | N/A |  |  |  |
| 1. **Matching, Level of Effort, Earmarking**: *Matching: Specific percentage required which must be provided to receive funding. Level of Effort and Earmarking are not required.* | * Review ZGA-370 report series to verify reimbursement and 10% required match through the Aging Resource Management System. | Yes ❒ | No ❒ | N/A ❒ |
| **COMPLIANCE SUPPLEMENT CRITERIA REQUIREMENTS** | **DETERMINE COMPLIANCE IN THE FOLLOWING AREAS** | **(✓) COMPLIANCE SUPPLEMENT CRITERIA** | | |
| **h. Period of Availability of Federal Funds**: *The time period authorized for federal and state funds to be expended (July – June).* | * Verify authorized signature and date on DAAS-732. * If applicable, determine if carry-forward funding has been approved on the DAAS-732. | Yes ❒ | No ❒ | N/A ❒ |
| **i. Procurement, and Suspension and Debarment**:*Assure that subrecipients have and follow policies and procedures for procurement and that subrecipients have not been suspended or debarred by the federal government from receiving funding.* | * Verify authorized signature and date on DAAS-734 assurances. | Yes ❒ | No ❒ | N/A ❒ |
| **j. Program Income**: *Assure that program income is used to expand services.* | Based on the review of the programmatic monitoring tool(s), verify that the consumer contribution requirements for the funded service(s) have been carried out appropriately. | Yes ❒ | No ❒ | N/A ❒ |
| 1. **Reserved** | N/A |  |  |  |
| 1. **Reporting**: *Assurance that funds are being managed efficiently and effectively to accomplish the program objectives. Reporting requirements are contained in the laws, regulations, and contract or grant agreement.* | * Verify that the YTD amount of consumer contributions reported on the ZGA-370 series report matches the amount of program income recorded in the general ledger or receipts journal. | Yes ❒ | No ❒ | N/A ❒ |
| 1. **Subrecipient Monitoring**:   *Requirements for subrecipient monitoring of grant awards passed through AAAs to counties via the DAAS-735 funding agreement oblige AAAs to oversee the activities of each county’s community service providers. There is a subrecipient relationship between the AAA and the county, including the county’s designated service providers, and all are bound by the terms and conditions for the provision of aging services specified in the funding agreement. The county is not allowed to assign any portion of its interest in the agreement (paragraph 5).* | * DAAS monitors: Determine if AAA monitored the community service providers listed on the county funding plan per minimum requirements. * AAA monitors: “Criteria m” for subrecipient monitoring is “N/A” when monitoring community service providers, because there are no subrecipient relationships below the service provider level for this funding source. Corrective action for non-compliance of subcontractors, including paybacks of grant funds for disallowed costs, is the responsibility of the community service provider (subrecipient). | Yes ❒ | No ❒ | N/A ❒ |
| **n. Special Tests and Provisions**: *See annual compliance supplement for special tests and provisions.* | * Verify the budgeted amounts and unit rates on the ZGA-370 report series to the amounts on the DAAS-732. | Yes ❒ | No ❒ | N/A ❒ |
| 1. **Conflict of Interest**: *For non-profit subrecipients only, a notarized copy of the subrecipient’s policy addressing conflicts of interest must be seen.* | * Subrecipient has a notarized copy of their conflict of interest policy on file. | Yes ❒ | No ❒ | N/A ❒ |