

PROTOCOL
IDEA SUB-RECIPIENT FISCAL MONITORING

Expenditure properly authorized by agency administrator? Yes No

Yes

Copy Obtained

Notes

Split coding necessary? Yes No

If yes, basis for amounts: _____

Being used to assist children w/disabilities? Yes No

Specified on child/youth IEP/IFSP? Yes No

Listed on inventory? Yes No

Item clearly tagged/marked as IDEA purchase? Yes No

Item viewed? Yes No

Location: _____

Equipment (500's)
(list transaction: Description, Amount, Date)

Item(s) allowable per budget? Yes No

Item(s) purchased/ordered during project period? Yes No

Expenditure properly supported by invoices/billings? Yes No

Yes

Expenditure properly authorized by agency administrator? Yes No

Yes

Individual item cost of \$5000 or greater? Yes No

Lilly Blase (Voc Rehab) ADA "Letters of Consultation"

If needed? Yes No

Yes

Split coding necessary? Yes No

If yes, basis for amounts: _____

Being used to assist children w/disabilities? Yes No

Specified on child/youth IEP/IFSP? Yes No

Listed on inventory? Yes No

Item clearly tagged/marked as IDEA purchase? Yes No

Item viewed? Yes No

Location: _____

Travel / Professional Development (600's)
(list transaction: Description, Amount, Date)

Activity allowable per budget? Yes No

Activity performed during project period? Yes No

Activity properly supported by invoices/billings? Yes No

Yes

Activity/Expenditure properly authorized by agency adm? Yes No

Training Documentation:

Meeting agenda? Yes No

Yes

Roster of participants? Yes No

Yes

Signatures of participants? Yes No

Yes

Split coding necessary? Yes No

If yes, basis for amounts: _____

Construction
(list transaction: Description, Amount, Date)

NDE IDEA Supplemental Application Approved? Yes No

Lilly Blase (Voc Rehab) "Letters of Consultation" Yes No

Yes

Performed during project period? Yes No

Expenditures supported by invoices/billings? Yes No

Yes

Expenditures properly authorized by district administrator? Yes No

Split coding necessary? Yes No

If yes, basis for amounts: _____

Modifications/Alterations viewed? Yes No

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		<u>Copy Obtained</u>	<u>Notes</u>
<input type="checkbox"/> Proportionate Share (non-public)			
SPED/related services being provided during project period	Yes <input type="checkbox"/> No <input type="checkbox"/>		
All funds allocated during project period	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Funds being carried over to next project period.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Consultation meeting with non-public properly documented		Yes <input type="checkbox"/>	
Single Non-public School	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Multiple Non-public School	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Expenditures properly authorized by district administrator	Yes <input type="checkbox"/> No <input type="checkbox"/>		
District staff being utilized to provide services	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Services purchased are supported by invoice/billing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Supplies/materials are supported by invoice/billing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Listed on inventory	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Items tagged as IDEA	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Professional Development			
Training provided to non-public staff	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	
 <input type="checkbox"/> Coordinated Early Intervening Services (CEIS)			
District is using total amount available (15%)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Staff person responsible for project has been identified	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Process for identifying target student sub-group documented	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Strategies/interventions are different from services routinely available	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Training provided to project staff	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Student outcomes are measurable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Activities are linked to district or building School Improvement Action Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Expenditures properly authorized by district administrator	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supplies/materials are supported by invoice/billing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	

Maintenance of Effort (MOE)

Exceptions (from the previous school year) Supporting documentation attached Yes No

Comments:

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Reviewer Recommendation:

Satisfactory, no concerns identified.

Refer to comments: _____

Additional Review by Sped Office regarding: _____

(Signature of Reviewer)

Date

Additional Review by SPED Office required?

No E-Mail sent _____
(Date)

Yes Complete following section.

If "Yes", was issue resolved?

Yes _____ Financial Adjustment? Yes No
(Date Resolved)

If yes, reason: _____

Amount \$ _____

E-mail sent: _____
(Date)

No Submitted to Financial Services for review _____
(Date)

E-mail sent: _____
(Date)