



2019 FISCAL DESKTOP MONITORING DOCUMENT

Grants for Review:

Title I, Part A	July 1, 2017 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.010</u>
Title I, Part C	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.011</u>
Title I, Part D	July 1, 2017 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.013</u>
Title II, Part A	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.367</u>
Title III, Part A	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.365</u>
Title IV, Part A	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.424</u>
IDEA, Part B (611)	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.027</u>
IDEA, Part B (619)	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.173</u>
RLIS	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.358</u>
21 st Century CLC	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.287</u>
Perkins Vocational	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.048</u>
SIG 1003 (a)(g)	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.377</u>
Charter School Programs	July 1, 2016 – September 30, 2018	Award Amount: _____	CFDA #: <u>84.282</u>

NOTE: *The Statement of Assurance and supporting documentation must be submitted electronically to IDOE by, 2018 via email to FederalMonitoring@doe.in.gov. Please do not send links to documents; instead download, save and send in Word or PDF.*

**Statement of Assurance
2018 Desktop Fiscal Monitoring**

Name of Local Educational Agency (LEA)

LEA Number

An LEA participating in the Elementary and Secondary Education Act of 1965 (including *No Child Left Behind Act of 2001*) and the *Individuals With Disabilities Education Act* is required to participate in monitoring to ensure that programs are in compliance with applicable statutes, regulations, and applications.

By signing below, I am confirming the following:

- 1) I have reviewed this Statement of Assurance and understand that documentation must be submitted electronically to the Indiana Department of Education (IDOE) by 2018 to FederalMonitoring@doe.in.gov;
- 2) I have submitted all requested supporting documentation to verify my LEA's compliance;
- 3) As the authorized LEA agent, I attest that documents for this desktop monitoring (used to review specified policies and procedures) were completed honestly. I also confirm that these documents are on file and available for review in the event of on-site monitoring.

Superintendent's Signature

Date

Treasurer's Signature

Date

Title I, Part A Program Administrator's Signature

Date

Title I, Part C Program Administrator's Signature

Date

Title I, Part D Program Administrator's Signature

Date

Title II, Part A Contact's Signature

Date

Title III/NESP Program Administrator's Signature

Date

Title IV Program Administrator's Signature

Date

IDEA, Part B Director's Signature

Date

Rural and Low Income Schools Director's Signature

Date

21st Century CLC Program Administrator's Signature

Date

Perkins Vocational Program Director's Signature

Date

School Improvement Grant (1003) Contact's Signature

Date

Charter School Programs Director's Signature

Date

2018 Fiscal Desktop Monitoring Indicators

Federal Program Monitoring Indicators		Program	Required Evidence for <u>Monitoring Period</u> 2016-2017
Monitoring Topic 1:		Applicable to: (check all that apply)	Required Evidence Acceptable for Monitoring:
1	Show evidence that federal funds used for salaries and related benefits match personnel names/position titles in the grant application.	<input type="checkbox"/> Title I, A <input type="checkbox"/> Title I, C <input type="checkbox"/> Title I, D <input type="checkbox"/> Title II, A <input type="checkbox"/> Title III, A <input type="checkbox"/> Title IV, A <input type="checkbox"/> IDEA, Part B <input type="checkbox"/> RLIS <input type="checkbox"/> 21st Century <input type="checkbox"/> Perkins <input type="checkbox"/> SIG <input type="checkbox"/> Charter	Required Evidence: <input type="checkbox"/> 2016-2017 payroll distribution history for all federally funded staff broken down by program <input type="checkbox"/> Records or reports which indicate what and how budgetary benefit accounts are linked or tied to budgetary salary lines or payroll distributions.
2	Show evidence that measures are in place to verify time worked or services performed for contracted services paid via federal funds correspond with the amount of time or services for which they were paid for the month of November 2016 , if applicable.	<input type="checkbox"/> Title I, A <input type="checkbox"/> Title I, C <input type="checkbox"/> Title I, D <input type="checkbox"/> Title II, A <input type="checkbox"/> Title III, A <input type="checkbox"/> Title IV, A <input type="checkbox"/> IDEA, Part B <input type="checkbox"/> RLIS <input type="checkbox"/> 21st Century <input type="checkbox"/> Perkins <input type="checkbox"/> SIG <input type="checkbox"/> Charter	Required Evidence: <input type="checkbox"/> Reported time worked/services performed documentation; and <input type="checkbox"/> Invoices; and <input type="checkbox"/> Expenditure history of all contracted services object codes (as listed in Indiana State Board of Accounts School - Uniform Compliance Guidelines Manual)
3	Provide a written explanation for the process and procedures of an expenditure going from the approved budget to ordering and procurement, to expensing, to the maintaining of accurate documentation.	<input type="checkbox"/> Title I, A <input type="checkbox"/> Title I, C <input type="checkbox"/> Title I, D <input type="checkbox"/> Title II, A	Required Evidence: <input type="checkbox"/> Written explanation signed by the treasurer and program administrators

Federal Program Monitoring Indicators	Program	Required Evidence for <u>Monitoring Period</u> 2016-2017
<p><i>*The written process must show clearly established internal controls.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Title III, A <input type="checkbox"/> Title IV, A <input type="checkbox"/> IDEA, Part B <input type="checkbox"/> RLIS <input type="checkbox"/> 21st Century <input type="checkbox"/> Perkins <input type="checkbox"/> SIG <input type="checkbox"/> Charter 	
<p>4 Provide evidence that grant reimbursement(s) filed in November 2016 were for:</p> <ul style="list-style-type: none"> • for expenses approved within the application • that the activities occurred within the allowable activity period • that the expenditures are reasonable, allocable, and necessary • that expenses were incurred prior to the submission of the reimbursement request • that expenses are coded correctly, according to the Indiana State Board of Accounts: School - Uniform Compliance Guidelines Manual. <p><i>*If a reimbursement request was not filed in November of 2016 please provide evidence for the next reimbursement requested.</i></p> <p><i>**If expenditures include travel expenses a copy of the LEA's Travel Policy must be submitted with evidence.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Title I, A <input type="checkbox"/> Title I, C <input type="checkbox"/> Title I, D <input type="checkbox"/> Title II, A <input type="checkbox"/> Title III, A <input type="checkbox"/> Title IV, A <input type="checkbox"/> IDEA, Part B <input type="checkbox"/> RLIS <input type="checkbox"/> 21st Century <input type="checkbox"/> Perkins <input type="checkbox"/> SIG <input type="checkbox"/> Charter 	<p>Required Evidence:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reimbursement requests from the 1st and/or 15th of November 2016; and <input type="checkbox"/> Invoices, purchase orders, accounts payable vouchers, receipts and payroll records for each reimbursement request; and <input type="checkbox"/> Budgetary, Expenditure or Ledger reports validating the requested reimbursement amount (per request) <input type="checkbox"/> Copy of the LEA's Travel Policy (if expenditures include travel expenses)
<p>5 Show evidence funds were encumbered by September 30, 2017.</p> <p>*Documentation must show the available appropriation balance at month end.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Title I, A <input type="checkbox"/> Title I, C <input type="checkbox"/> Title I, D <input type="checkbox"/> Title II, A <input type="checkbox"/> Title III, A <input type="checkbox"/> Title IV, A <input type="checkbox"/> IDEA, Part B <input type="checkbox"/> RLIS <input type="checkbox"/> 21st Century <input type="checkbox"/> Perkins 	<p>Required Evidence:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appropriations Report as of September 30, 2017 or combined reporting that provides the calculated answer of Fund Balance = appropriation – expenditures – encumbrance. <input type="checkbox"/> Expenditure History for 10/1/17 - 12/31/17

Federal Program Monitoring Indicators		Program	Required Evidence for <u>Monitoring Period</u> 2016-2017
		<input type="checkbox"/> SIG <input type="checkbox"/> Charter	
6	Show evidence that personnel in “split-funded” positions maintained Program Activity Reports (PAR)/Time and Effort logs and evidence that personnel paid 100% with federal funds completed accurate and timely "Semi-Annual Certification" forms.	<input type="checkbox"/> Title I, A <input type="checkbox"/> Title I, C <input type="checkbox"/> Title I, D <input type="checkbox"/> Title II, A <input type="checkbox"/> Title III, A <input type="checkbox"/> Title IV, A <input type="checkbox"/> IDEA, Part B <input type="checkbox"/> RLIS <input type="checkbox"/> 21st Century <input type="checkbox"/> Perkins <input type="checkbox"/> SIG <input type="checkbox"/> Charter	<p>Required Evidence (Split-Funded Positions):</p> <input type="checkbox"/> 2016-2017 payroll distribution history for all federally Split-Funded staff listed by program (summary or totals information is acceptable); and <input type="checkbox"/> Time and Effort Logs/Program Activity Reports (PAR); and <input type="checkbox"/> Budget and/or Expenditure reports for salary lines/object codes for the review date range
			<p>Required Evidence (100% Funded Positions):</p> <input type="checkbox"/> 2016-2017 payroll distribution history for all 100% federally funded staff listed by program (summary or totals information is acceptable); and <input type="checkbox"/> Semi-Annual Certification forms; and <input type="checkbox"/> Budget and/or Expenditure reports for salary lines/object codes for the review date range